



Contents lists available at ScienceDirect

# Research in Developmental Disabilities

journal homepage: [www.elsevier.com/locate/redevdis](http://www.elsevier.com/locate/redevdis)

## Place and community inclusion: Locational patterns of supportive housing for people with intellectual disability and people with psychiatric disorders

Yin-Ling Irene Wong<sup>a,\*</sup>, Yiyue Huangfu<sup>b</sup>, Trevor Hadley<sup>c</sup><sup>a</sup> School of Social Policy & Practice, University of Pennsylvania 3701 Locust Walk, Philadelphia, PA 19104-6214, USA<sup>b</sup> Department of Sociology, University of Wisconsin-Madison 1180 Observatory Drive, Madison, WI 53706-1393, USA<sup>c</sup> Center for Mental Health Policy and Services Research, University of Pennsylvania 3535 Market Street, 3/F, Philadelphia, PA 19104, USA

### ARTICLE INFO

Number of reviews completed is 2

#### Keywords:

Community inclusion  
 Intellectual disability  
 Psychiatric disorders  
 Spatial analysis  
 Supportive housing

### ABSTRACT

**Purpose:** This study examines the locational patterns of publicly-funded supportive housing for people with intellectual disability (people with ID) and people with psychiatric disorders (people with PD).

**Methods:** Administrative data provided housing locations of 4599 people with ID and people with PD in one urban county and one suburban county in the United States. Census tract data captured neighborhood characteristics. Descriptive statistics and spatial analysis were used to analyze the distribution of supportive housing sites.

**Results:** People with ID were more dispersed across a larger number of census tracts with smaller number of residents per tract than people with PD. While spatial dispersion in favor of people with ID was consistent across both counties, difference in dispersion was more pronounced in the urban county. People with PD were concentrated in neighborhoods with more socio-economic disadvantage, more residential instability, and a higher level of race/ethnic diversity than people with ID.

**Conclusion:** This study suggests that spatial-analytic method can serve as a useful tool for assessing the extent to which integrated housing is achieved for people with ID and people with PD. Interpretation of findings should be given due consideration of the policy context and neighborhood characteristics of the study communities.

### What this paper adds?

This cross-county, cross-disability comparative study describes a geographic information system method to examine the residential locations of people with intellectual disability and people with psychiatric disorders living in supportive housing. While the findings reflect the socio-demographic and housing profiles of the two counties under study and the development of supportive housing for the two populations in the United States, the spatial-analytic method employed can be broadly applied to other communities to enable policy makers and service administrators to implement housing-siting strategies that facilitate community inclusion.

\* Corresponding author.

E-mail addresses: [ylwong@upenn.edu](mailto:ylwong@upenn.edu) (Y.-L.I. Wong), [hfelaine@gmail.com](mailto:hfelaine@gmail.com) (Y. Huangfu), [thadley@upenn.edu](mailto:thadley@upenn.edu) (T. Hadley).

<https://doi.org/10.1016/j.ridd.2018.08.009>

Received 22 December 2017; Received in revised form 5 July 2018; Accepted 20 August 2018  
 0891-4222/ © 2018 Elsevier Ltd. All rights reserved.

## 1. Introduction

People living with severe disabilities encounter multiple barriers in maintaining community tenure, which limit their opportunity to fully engage in daily activities and assume social roles alongside community members without severe disabilities. In the United States, since the advent of deinstitutionalization in the 1950s and in response to the community support needs of people with psychiatric disorders (people with PD) and people with intellectual disability (people with ID), supportive housing has evolved as a vital component of community-based service delivery systems with the goals of facilitating rehabilitation and fostering community inclusion. Supportive housing refers to a collection of publicly-funded programs that couple housing with supportive services to enable individuals with disabilities to maintain community tenure (Wong, Filoromo, & Tennille, 2007). Examples of supportive housing include group residences, half-way houses or transitional housing, and supported independent living apartments (Finkler, 2014).

National trends toward providing housing in small-size supportive housing settings have been documented for people with ID in the United States (Larson, Salmi, Smith, Anderson, & Hewitt, 2013); however, comparable data are not systematically collected for state and local mental health systems for people with PD. An earlier study conducted in a metropolitan area comparing the two populations found that people with ID lived in more integrated housing as indicated by smaller size programs and in neighborhoods with more favorable features than people with PD (Wong & Stanhope, 2009). This finding poses questions regarding whether this pattern is also evidenced in other jurisdictions with different socio-economic characteristics. Moreover, in the international context, developing a method that examines the locational patterns of supportive housing for these two populations could help assess the role of place in community inclusion in countries that vary in the extent and pace of deinstitutionalization.

## 2. Background

### 2.1. Deinstitutionalization of care for people with ID and people with PD

The process of deinstitutionalization originates from the 1950s to 1960s in Western Europe and North America. Deinstitutionalization refers to the shift in practice of caring for people with disabilities from large scale residential institutions (including long-term hospitals) to small-scale services in the community to enable them to maintain community tenure and attain good quality of life (Mansell & Beadle-Brown, 2010; Shen & Snowden, 2014). In half a century after the 1950s, countries across the globe vary in the degree and pace of which deinstitutionalization are implemented. For example, while deinstitutionalization for people with ID is considered to be well advanced in Scandinavia, the United States, Canada, United Kingdom, and Australasia, people with ID are mostly placed in large institutions in Central and Eastern European countries (Mansell & Beadle-Brown, 2010). In the field of mental health, countries have been classified by timing of adopting the deinstitutionalization policy, including innovators, early adopters, early majority, late majority and non-adopters (Shen & Snowden, 2014). As community inclusion is considered a key goal and guiding principle of deinstitutionalization, evaluating the extent to which inclusion is achieved through delivery of community-based services is a central concern for policymakers and researchers.

### 2.2. Supportive housing as an integral component of the community-based service delivery systems in fostering community inclusion in the United States

Community inclusion refers to the opportunity to live in the community and be valued for one's uniqueness and abilities, regardless of the form and severity of disability an individual may experience (Salzer, 2006). A basic right solidified through legislation in the United States, community inclusion is a guiding principle of the federal policy framework, stipulated in Title II of the 1990 Americans with Disabilities Act (ADA), affirmed by the 1999 Olmstead Decision, and promulgated in The 2001 New Freedom Initiative (ADA, 1990; Olmstead et al. vs. L. C. et al., 1999; President George W. Bush's New Freedom Initiative, 2001). In nearly three decades, community inclusion as a policy goal has guided the development of state and local service systems for people with ID and people with PD.

Housing, as a basic right and ubiquitous need, is a vital component of community-based services delivery for people with disabilities. Although a significant portion of people with PD and people with ID can maintain community tenure in private, regular residences when given access to services such as educational and employment supports, day programs, and case management, individuals living with more severe disabilities require an intensive level of care provided at their homes.

Regardless of different supportive housing approaches adopted in services for people with ID (IDS) and services for people with PD (PDS), there is evidence that quality housing coupled with supportive services is associated with positive resident outcomes, including improving social functioning, reducing institutionalization, and achieving residential stability (Kozma, Mansell, & Beadle-Brown, 2009; Rog et al., 2014). These findings lend support to the commonly-held assumption that given appropriate services suited to their support needs, people with severe disabilities may participate as full community members in an integrated and normalized living environment.

### 2.3. Major supportive housing programs in IDS and PDS

Since its onset in the 1950s, the process of deinstitutionalization in the United States has been influenced by an array of technological, legal, financial, and cultural factors (Bagnall & Eyal, 2016; Dear & Wolch, 2014; Mansell & Ericsson, 2013). Although

Download English Version:

<https://daneshyari.com/en/article/9952047>

Download Persian Version:

<https://daneshyari.com/article/9952047>

[Daneshyari.com](https://daneshyari.com)