

Homelessness in an Aging Society: A Research-based Response for Policy and Programming

gilbreas centre  for Studies in Aging

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CAEH Conference, Montreal
November 3, 2015



Context

- Greater numbers of older people experiencing homelessness across Canada;
- Older people who are homeless are relatively invisible in frameworks on aging AND in initiatives to end homelessness.



Homelessness in late life:

Growing old on the streets, in shelters and long-term care

- Three year SSHRC project based in Montreal (2012-2015).

Aimed to:

- Identify and clarify the needs of older homeless people;
- Suggest directions for policy and programming.

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Research phases

Phase One (2012-2013)

- Literature review on homelessness among older people
- Stakeholder interviews (15)
- Policy review (guidelines and strategies) (42)

Phase Two (2013-2014)

- Administrative data (1214)
- Interviews - older people (40)
- Stakeholder interviews across continuum of care (ER, rehab, LTC, home care, etc) (10)
- Ethnographic observations (on-site)

Phase Three (2014-2015)

- Identification of best practices
- Strategies for change, etc.



Today's talk



1. Complex needs and trajectories;
2. Review of Canadian strategies (inclusion/exclusion of older people);
3. Portraits of risk, shelter use, lived experience;
4. Challenges for service delivery (shelters, home and long-term care);
5. Suggestions for change.





Trajectories

- Question of age:
 - Homeless people over 50/55 considered 'older.'
- Diverse pathways:
 - Distinction between 'aging on the streets' and 'new' homelessness in late life.

... someone who has been *homeless all of their lives because of a mental illness, or an alcohol problem* ... we have to find a place for them where they're like to pursue their alcoholism ... *Then we have people like my grandpa or my grandma who fall on hard economic times* and just can't afford to have an apartment (*shelter worker*).



Needs



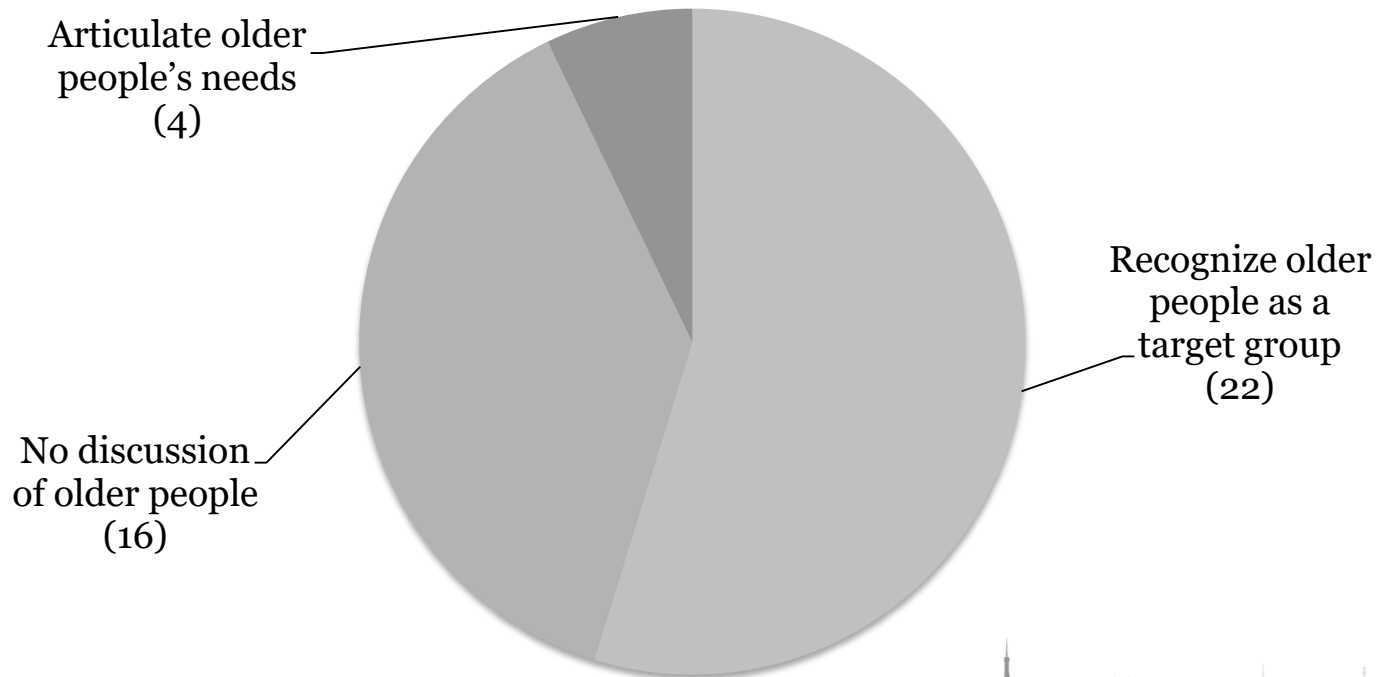
It's because ***I don't have as many options*** to leave as when I was younger. When was younger, my health was good so ***I could work***, I could get around. Whereas today, I'm sick, I've had a heart attack, two pulmonary embolisms. I've had gall bladder surgery. ***Physically, I can't bounce back*** like I used to. And ***I don't have the will*** to bounce back (*homeless man, age 56*).

- Special needs:
 - health and social services
 - housing
 - access to pensions



Canadian strategies

- Review of 42 Canadian strategies on homelessness:



Leading Canadian strategy



Older people who are homeless have ***extremely poor health*** (physical, psychological, cognitive); experience ***premature aging***; and have a ***mortality rate*** that is three to four times greater than the general population. As such, this group is particularly ***vulnerable, both financially and socially*** (victimization, abuse, isolation) [translation by authors] (Government of Quebec, 2014, 14-15).



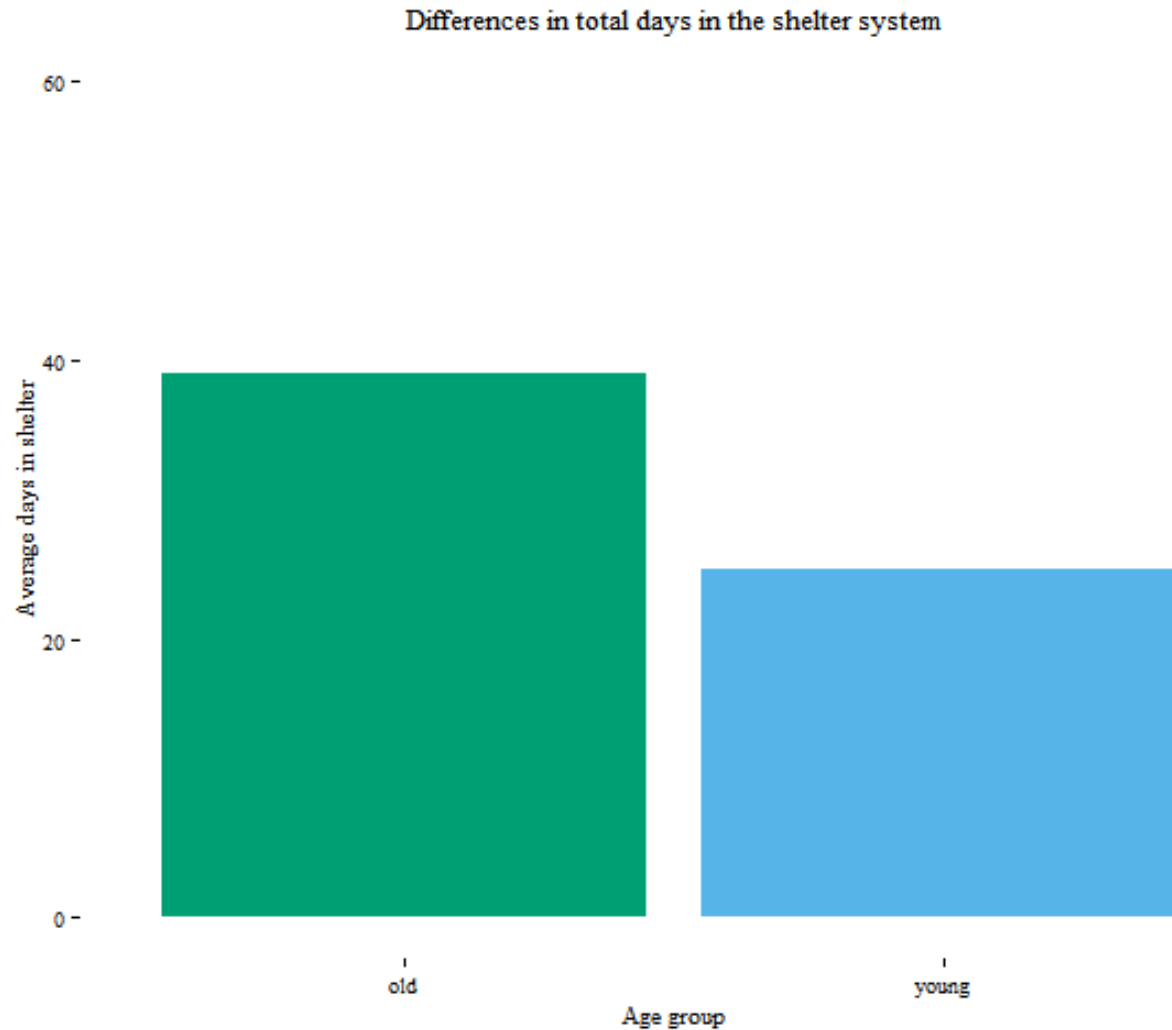


Precurity and populations at risk

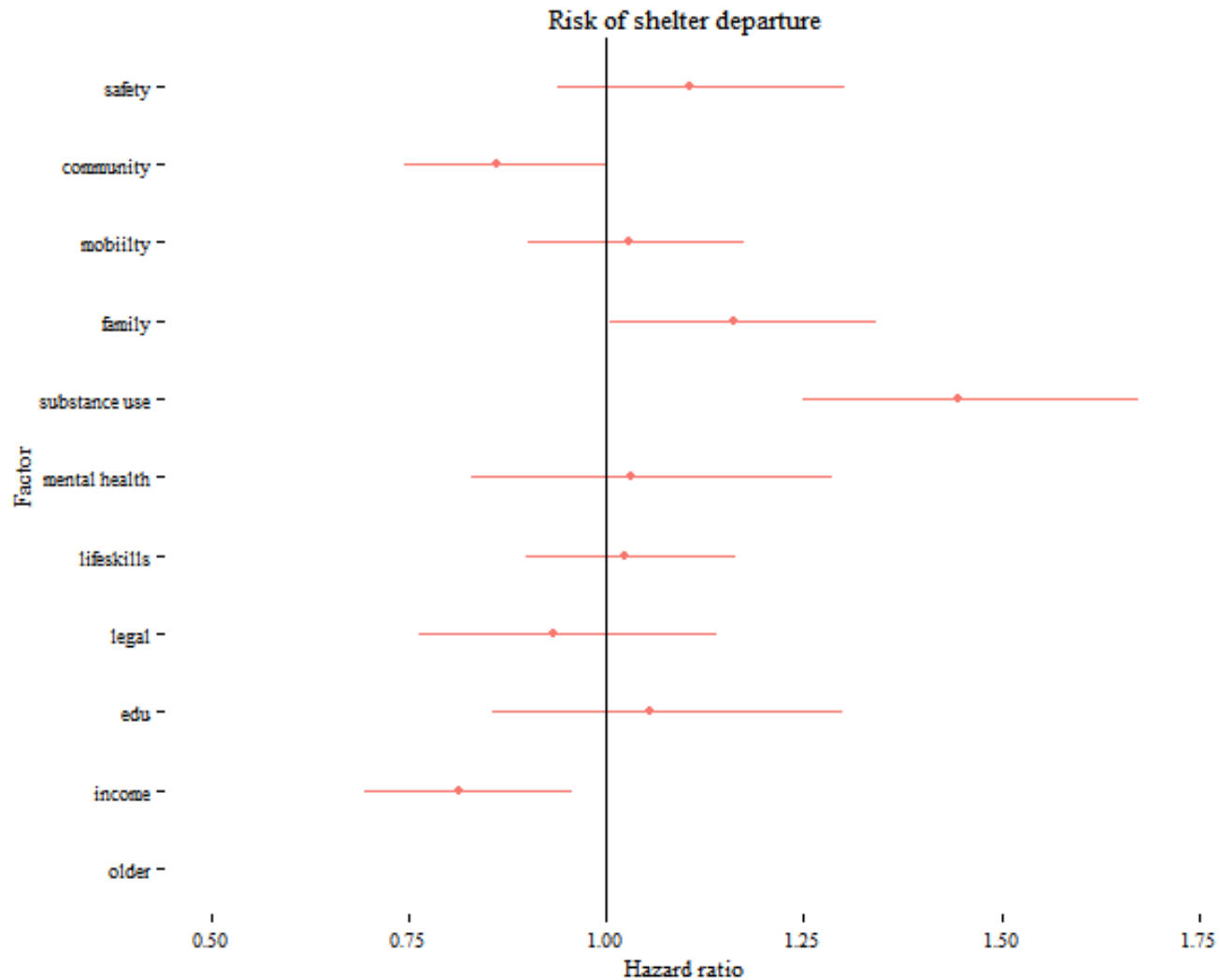
- Discrimination, exclusion, and lack of affordable housing increase risks of homelessness among certain groups:
 - Aboriginal people
 - Immigrants
 - LGBTQ people
- *More research needed to understand the risks over-represented groups face as they age.*



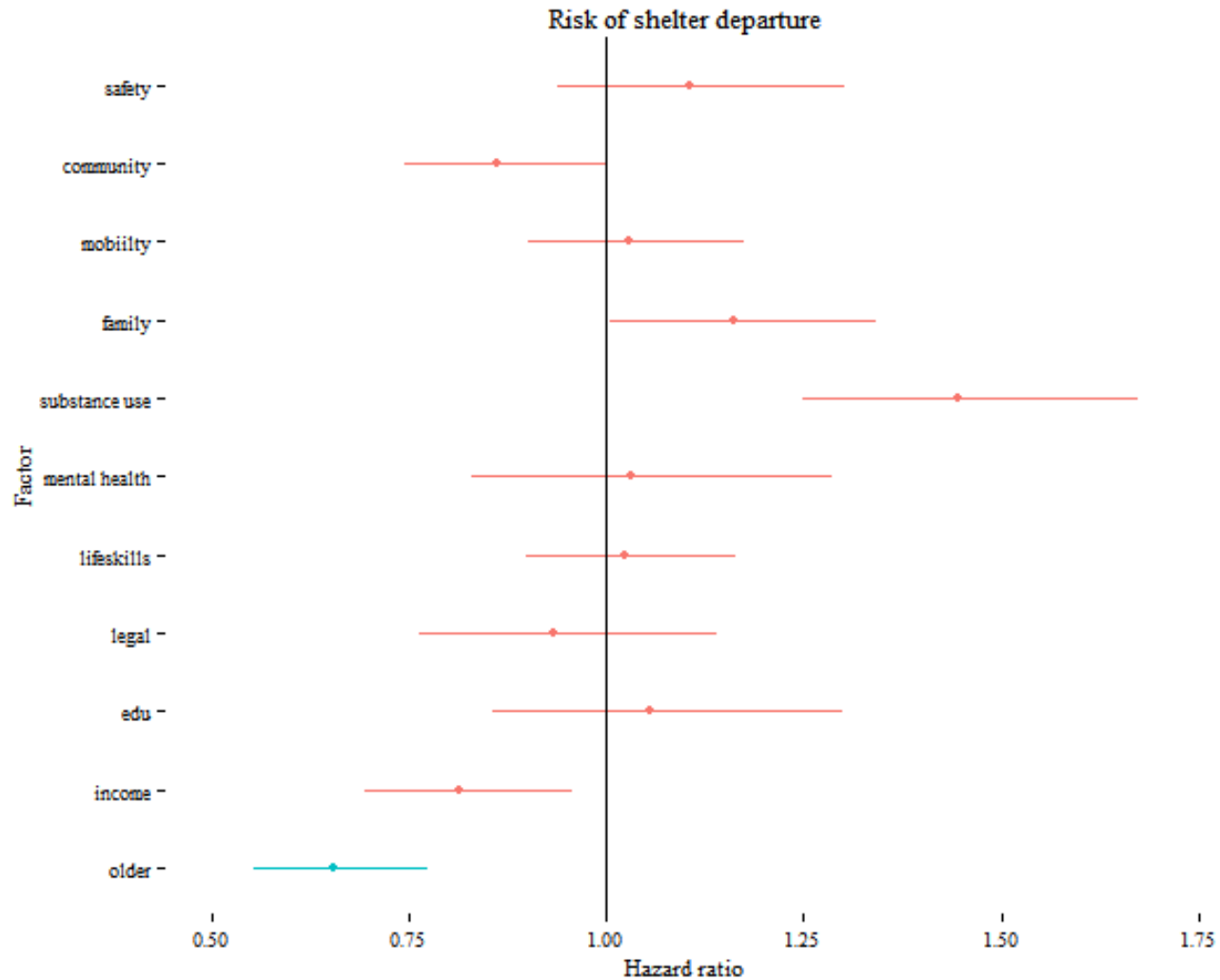
Patterns of shelter use (age)

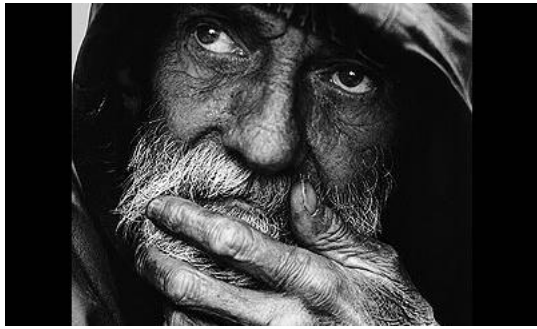


Patterns of shelter use (factors)



Patterns of shelter use - age matters





Lived experiences

It's ***so much harder at 55***, to find yourself homeless, then it is at 20, 25 years old. Because at 20, 25, if you're in good health, you don't have a worry in life . . . Sometimes, I wake up in the morning, and it troubles me to find myself in this situation. ***I find it emotionally difficult*** . . . and when I wake up in the morning, ***at 55 years old, in a shelter bed, it troubles me***, and it makes me scared too. I'm scared to stay here (*homeless man, age 55*).



Lived experiences



In the next couple years, ***I hope to find myself an apartment*** for the few good years I have left, ***before the big pains of "aging" come***. I really want ***a normal life***, get up in the morning, go to work, think about vacations. Hang out with other people . . . I don't have a girlfriend, but would like to start a life with someone else (*homeless man, age 59*).





Challenges (shelters)

- Few affordable housing options;
- Complex health and social needs;
- Shelters not intended as spaces to ‘grow old.’

We're [shelters] ***increasingly not here to provide long term solutions for accommodation . . .*** They need ***a place to go for the rest of their lives*** in a way you know that's kind of...whether it's back with their family, whether it's into an adaptive facility (*shelter worker*).



Access to (home) care



- Eligibility for later life care requires a home;
- Gaps between homelessness and aging strategies;
- Few options for care between hospital and home.

*Who wants to take on a 77 year old woman . . . you can see she's losing it a little bit, you know. She needs a home, she refuses to go into a [care] home, but also some of the care homes are \$2000 and up a month . . . So, **the only option for them, most of the time, is a place that's a waiting list for Chambre et pension.** . . . and there's waiting lists for all of them too (*shelter worker*).*



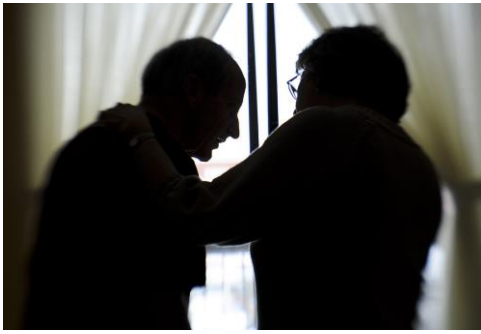
Housing first



- Housing first guides responses to homelessness across Canada and internationally; yet
- Older people often need care in addition to housing (few options for this).
- Need for an ‘age-lens’ to assess housing first for older people and gaps that may exist (new homeless would not qualify for 6 month rule)

Housing first . . . involves **the immediate provision of permanent housing** and wrap-around supports . . . the HF approach is grounded in principles of immediate **access to housing** with housing readiness conditions, **consumer choice** and self-determination, **recovery** orientation (including harm reduction), **individualized** and person-driven supports, and social and community **integration** (National At Home/Chez Soi Final Report, 2014, 10).





Long-term care options

- Premature relocation;
- Judgment;
- Trajectories impact adjustment;
- Lack of accommodation.

Sometimes you hear them complaining about the food or something and I think to myself, '***I don't think they realize they are better off here*** than in the streets (*LTC worker*).

Sometimes we need to limit their visits [from other homeless adults] because the ***other residents are scared*** (*LTC worker*).





Suggestions for change

- Develop a preventative approach that guarantees affordable housing across the life course and income in late life;
- Consider an age-lens across all frameworks, strategies and programs
- Better link existing ministries and programs (e.g., aging and homelessness) to ensure the needs of older people will be met;
- Acknowledge and respond to the intersecting needs and experiences of marginalized groups who are aging in homelessness;
- Use the age-lens to assess and alter housing first for older people.



Thank you

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SSHRC  CRSH

Insight Grant no. 435-2012-1197

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 **MISSION OLD BREWERY**
THE OLD BREWERY MISSION



Abstract

- The number of older people experiencing homelessness is increasing across Canada. Yet, with a few exceptions, their needs are not always visible in the research and strategies on homelessness or in the field of aging. This paper discusses results from a three year SSHRC funded project on older homelessness in the context of the shelter and long-term care (carried out in Montreal, 2012-2015). Our intent is to provide a knowledge base that clarifies the needs of this sub-population, and provides suggestions for policy and programming for older people. The paper presents an overview of the key findings from each of the methods of our study, including a comprehensive literature review, policy review, analysis of administrative data, stakeholder interviews, and interviews with older people. First, we highlight the complex needs that exist, differences in trajectories that can affect needs, and identify challenges for service delivery. Second, we outline how older people are not often included as a target population in Canadian strategies, and point to leading examples of inclusion (e.g., Quebec). Third, we identify sketches of populations at risk that derive from our literature review, analysis of administrative data, and projections for population aging. We then illustrate the complex needs using quotations from the lived experiences of older people who are homeless. Together the results form a detailed portrait of older homelessness that can broaden existing understandings in research and social programming. We conclude with a call to better include older people in strategies and initiatives such as Housing First that are taking place across Canada; suggest ways to prepare and adjust services for older people; and underscore the need to engage in discussions for future planning that more carefully considers cumulative inequality and the needs that occur at the intersections of income, housing, health and care.