

Rehousing and reintegrating older adults into supportive housing: Montreal and Calgary-based case studies



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The challenge: defining older homelessness



- “Homeless”: Street, sheltered, at risk, invisible
 - Approximately 235,000 people experience homelessness per year in Canada (Gaetz, et al. 2013).
- “Older”: Age 50+ (premature aging)
- Two main pathways: “Chronic” ; Recent
- Diverse subpopulations: Gender, urban/rural, Aboriginal, Immigrants, sexual orientation (Burns, 2016; Grenier et al. 2016; McDonald et al, 2007)

The challenge: addressing a rapidly growing population

Older adults are increasingly over-represented in urban homeless populations (Hwang, 2009)

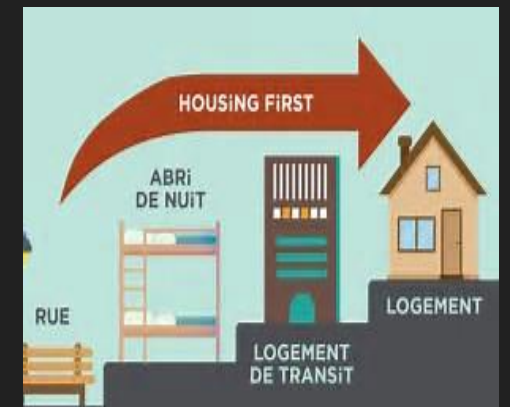
- Calgary's largest shelter reports users >46y rose from 20% to 60% in last 15 years (Rowland & Hamilton, 2016)
- Montreal: 50+y 41% of total homeless population; 49% of shelter users (Latimer et al. 2015)
- Toronto: Adults aged 51+y increased from 20% in 2009 to 29% in 2013 (City of Toronto, 2013)



The challenge: gaps in aging & homelessness policies

○ Policy context: Older homeless people falling through the cracks

- Aging in Place policy; conventionally housed (Burns, 2015)
- Homelessness policy: focus on 'independent' living (Burns et al., 2012)
 - Recent review of 42 Canadian policies on homelessness found no mention in 16 policies and substantial mention in only 4 (3 in Quebec) (Grenier et al. 2016)



The challenge: finding suitable housing

- The average length of stay in shelters for adults 50y+ has doubled since 2002 (Gaetz et al. 2016)
 - Older adults stay on average 2 weeks longer in shelters (Rothwell et al. 2016)
- Emergency shelter design, programming not often adapted to older residents (Burns, 2016)
- Poor health, mobility, addiction issues, social isolation create barriers to finding housing, remaining housed, and feeling 'settled' (Crane et al. 2007)
- Few adapted housing resources for older homeless adults

A few noteworthy exceptions...

Finding home after homelessness: Older adults' perspectives

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Research question

- How do formerly homeless older adults experience 'home' in three different supportive housing contexts in Montreal, Quebec?
- What helps and hinders feeling at 'home'?

Home as a conceptual framework

- Home as site of comfort, control, and privacy (Mallett, 2004)
- Home as site of violence, exclusion (Rose, 1996)
- Home more important in later life (Rowles, 1983; Golant, 2015)
- Home as autonomy : 'freedom to' and 'freedom from' (Kearns, 2000)
 - Freedom from any need to have one's actions approved by others and from any need to conform to others' expectation of oneself
 - Freedom to do what one wants and to express oneself

Methodology

- Community-based project (QADA)
- Case study (Yin, 2009)
 - 3 supportive housing contexts
- Walking interviews with 24 older men (55-77 years) using visual methods (Kusenbach, 2003; Rose, 2016)

Participant characteristics

- 24 residents
- 53 – 77 years of age
- 6/24 aged 65 + years
- 3 ethnic minorities
- 19/24 Francophone
- 7/24 university diploma
- Majority chronic homeless (3/24 first time homeless)

Study sites: 3 models of supportive housing

- Finding home after homelessness – Quebec Age-Friendly Cities Funded project
- 1) Transitional with on-site supports
- 2) Scattered site private market – off-site supports (permanent)
- 3) Permanent with on-site supports

Projet Logement Montreal (PLM)

- 2015-2019: 450 spots, 8 organization – 250 to date
- 40% over 50
- Housing First model (harm reduction)
- Chronic or episodic (6 months in shelter; 3 different X, min. 60d)
- Scattered-site private market
- \$500/month rent supplement
- Support: visits 1 time per week (optional)



J.A. de Sève



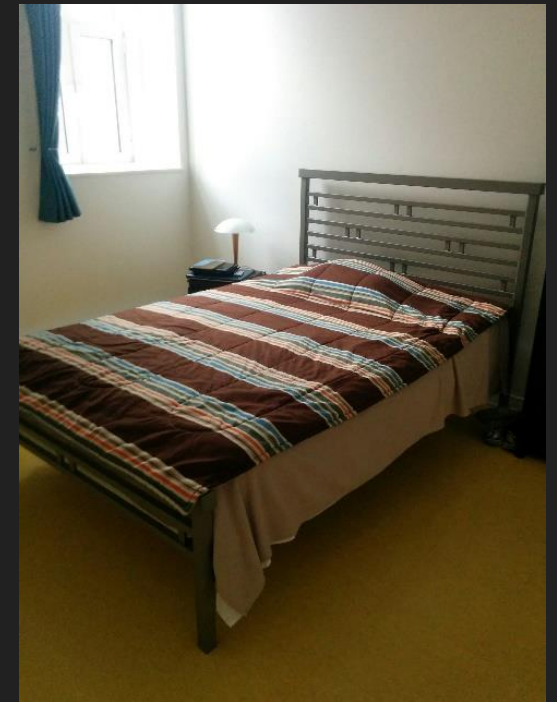
- 50+y
- 78 rooms
- Shared bathroom
- On-site supports (24/7)
- Doctor, nurses
- Mandatory trustee
- 3 meals, 3 snacks
- Intervention plan incl. medication
- Accompaniment to medical appointments
- Foot care/massage
- Social activities



Le Relais



- 8 furnished, large 1-bedroom apartments
- 55+y
- 2-year max stay
- Access to PAS de la Rue Activities (lunch)
- Psychosocial support /case management (M-F)



Key Findings

- 1) Feeling at home rests on expectation of safety and privacy
 - Mediated by surveillance and autonomy (freedom do and freedom from) described in relation to:
 - 1) access to bathroom facilities;
 - 2) visits by staff and neighbours;
 - 3) meals;
 - 4) social interactions
- 2) Risk of too much autonomy and no surveillance is insecurity and social isolation
- 3) 'Freedom with' care and concern, feeling a part of
 - rebalances social isolation with positive sense of home
- 4) Feeling at home complicated by identity markers (language, sexual orientation, ethnicity)

Home as a safe, private place

- It's something to go home and be proud about. Your own home, your own space—it's your castle. I can go home; I can do what I want; I don't have to wait in a lineup when it's minus 22 outside in the winter. (Charlie, PLM)
- It's a safe haven for me. It's my roof, it's my home, it's a place where I can relax and not think too much or stress out. (Guillaume, Relais)
- So, feeling at home, safe, well looked after, I would say yes. As in an institute, I believe I could feel, I could say it's my home now because I don't have another place, so I have to make the best of it to be my home. (Botros, JADS)

Home as 'freedom to' do what I need to do when I need to

Difficulty accessing bathroom facilities

- You think you can make a little shower where you can stay and bathe and sink in a little, little toilet, I don't know how little toilets can be, but... Built into their plans, it would have been heaven. To get up in the middle of the night and go, it's not safe. (Clark, JADS, single-site)

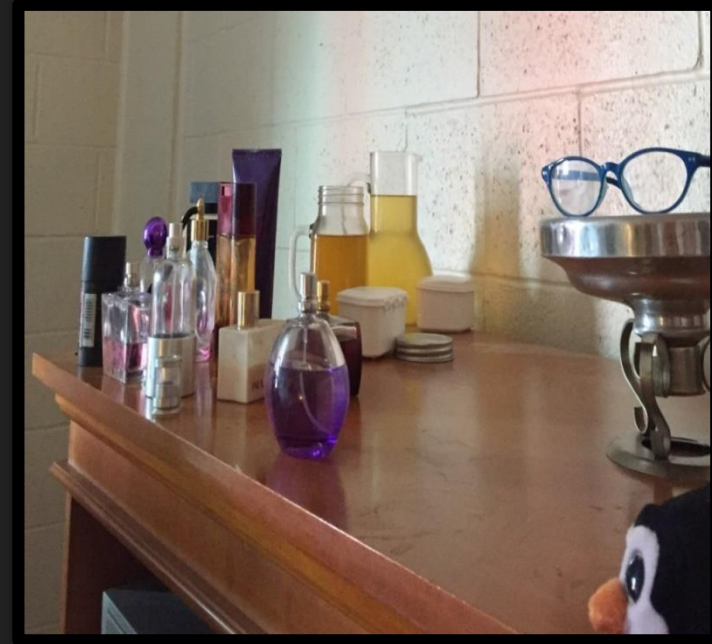


Image 2: Urine in jars several residents would use in their rooms, JADS

Home as 'freedom from' surveillance and intrusion

○ Invasive mandatory visits by staff in single-site housing

- It's difficult to feel at home, you know why? Because every month we go see, make a residential visit ... a monthly home visit to see if our apartment is well-maintained. And that sends a message to me, "I'm not home yet," you know. (Le Grand, Relais, single-site)

○ Greater risk of invasive visits from neighbors in single-site housing

- I like to keep my distance, I go out to the food court to socialize, getting too close is how fights start. So you avoid it. Sometimes, people can show up at 7pm and not leave until midnight! And you're annoyed! (George, JADS, single-site)

Home as 'freedom to' do what I want



I get groceries and fill up my fridge each week, I prepare my meals myself, I made a batch of spaghetti sauce and froze portions, want to see? (Le Grand, Relais, single-site)

Home as 'freedom to' do what I want, when I want

○ Meals

- I can go home when it's cold, open up the fridge, ah a steak, it's time to do a steak! My freezer's packed, I have French fries and meat...French fries and hamburgers, there you go, slap it on there boy! (Roger, PLM, scattered-site)
- We're not allowed to have a fridge or even a kettle in our room, fire hazard I guess. They don't give us milk, the important foods they're out of, but the slop they have. But we eat it anyway (Clark, JADS, single-site)

Home as 'freedom to' do what I want, when I want

- I love fixing bikes, I lost almost everything but still have some of my collection, I'd do more repairs if I had more space, that is one thing they should have for guys like me, you know, a workshop, like a garage, hell I'd live in a garage if it meant I could do what I wanted (Renard, Relais)

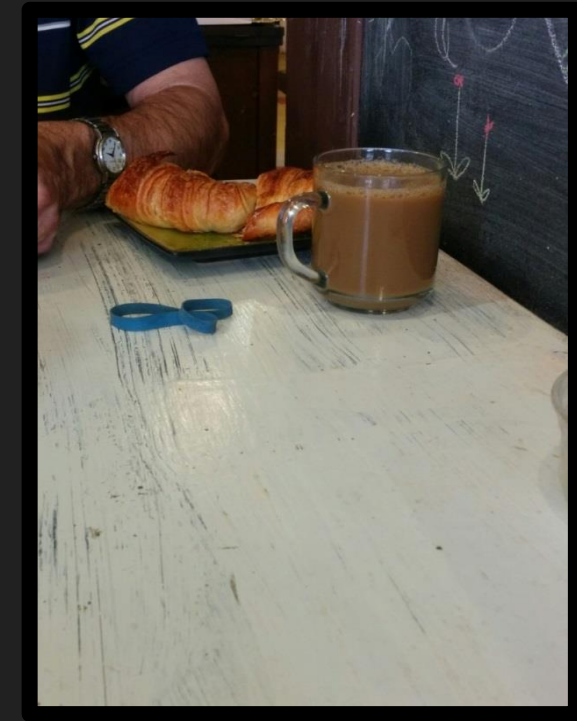


Risk of too much freedom is social isolation

- V : Do you feel lonely here sometimes?
- P : Yes. I feel lonely.
- V : Do you have some people around, who live in the building, who you talk to.
- P : No, not really. (Peter, PLM, scattered-site)

Risk of too much freedom is social isolation

- I may have a nice place but I'm still alone and lonely. I go to my café everyday to get 3 croissants. I eat one at breakfast and bring the other 2 home. I like it because I get to see people. I also love seeing George, he's coming today (my service provider) we're going to 'Poutineville' for a coffee (Alphonse, PLM, scattered-site)



Home as 'freedom with' care, concern, 'feeling a part of'

- **Benefiting from built-in connections with service providers**
- Jessie [service provider] is like a mother. You know, like when I say, "no, no" to something, she says, Mr. G. I'm not your mother! Yes, I know, but she does act like one. You know, she really wants me to be well, you know? (Le Grand, Relais, single-site)
- **Desiring connections with neighbours – with built-in boundaries**
- One thing that's missing from this place is a community room, you know with a TV, where we could just go and sit, watch TV and talk. (Bruno, Relais, single-site)

Home as 'freedom with', care, concern, and 'feeling a part of'

Feeling safe through mandatory visits from staff

- I'm glad they come to check on me, and I have this safety cord, that way, if I ever fell or anything, they would know. (Clark, JADS, single-site)

Naturally establishing meaningful connections with fellow residents

- R used to come over here or I'd go over to his place, we'd listen to music, smoke cigarettes...we eventually became friends, and since we can't afford a place on our own, we decided we were going to move in with each other! (Le Grand, Relais, single-site)
- I don't really like to talk about it, but one thing I do around here is put little notes under people's doors, you know, words of encouragement, it makes me feel good (Bruno, Le Relais, single-site)

Home as 'freedom with' care, concern and 'feeling a part of'

- **Establishing meaningful connections outside of supportive housing**
- I'm always on the go, I cut grass for Mr. X, he pays me a bit, keeps me out of trouble! (Charlie, PLM, scattered-site)
- I volunteer down in the clothing donation room, I like that I can still help people even though I'm not well, I also go down to the village, have a drink at the bar, they know me down there (Clark, JADS, single-site)
- I don't really socialize with people at JADS, but I like to go to AA a few times per week, that's my community (Roger, JADS, single-site)

Threats to 'freedom with' and 'feeling a part of' : discrimination esp. in single-site housing

- **Discrimination – sexual orientation**

- When I walked in, they could spit at me, they called me every name in the book. And just, they told me I discuss them, they call me all kind of brutal, brutal, brutal names. Here. Yes I'm discriminated against. Day and night. Alone in an elevator, they've been drinking they come in. «Oh crises, the fucking faggot, from hell. why did they let you in? You're talking to me? Yes, they're talking to me». I've never had that before. The clientele here is not educated, it's not...(Clark, JADS)

Threats to 'freedom with' and 'feeling a part of': discrimination esp. in single-site housing

- **Language barriers**
- The difficult part for me here is everything is written in French, so if something is happening. I don't know what's happening. (Rosco, JADS, single-site)

Implications and conclusion

- Adds to debate: Single-site vs. scattered-site – no one size fits all
- Feeling at home rests on expectation of safety and privacy – mediated by surveillance, and ‘freedom to’ do as one wishes and ‘freedom from’ – invasive surveillance
 - Monitoring and surveillance undermined resident’s privacy but promoted sense of safety and social connection for others
 - More intensive, formalized surveillance, mandatory room checks seems more important for higher needs residents (JADS)
- ‘Freedom to’ and ‘freedom from’ not sufficient to feel at home – need to balance with ‘freedom with’ - care and concern that promotes feeling a part of

Implications and conclusion

- How to promote feeling a part of? ('freedom with')
 - Increase opportunities for input in decision-making around rules and regulations of supportive living
 - Importance of common social spaces (single-site)
 - Access to bathroom facilities ('freedom to')
 - Opportunities to prepare meals – sense of purpose (volunteerism)
 - Access to community outside housing - Neighborhood (gay village, food courts, public transit)

Implications and conclusion

- Increased awareness and education around discriminatory practices (language, sexual orientation) esp. for single-site supportive housing
- Scattered-site may be appropriate – but types and levels of formalized support more intensive than younger populations
 - Significance of formal relationships with service provider – in single and scattered-site
- Revisit HF principle of ‘rapid’ rehousing : Expectation of independent living different in later life
- HF may be more appropriate for newer older homeless rather than chronic
- Lens of intersectionality needs to be added to HF strategies

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Rehousing & reintegrating the older homeless : service providers perspectives

Quebec context

- Aging Population (Gagné et al., 2014)
- Centralization of services / Reform Barette (Québec, 2017)
- Religious Influences / Professionalisation of the profession (Grimard, 2011)

Research questions

- What intervention philosophies and practices are enacted across different sites ?
- What are the main challenges and opportunities to promote rehousing and reintegration for older homeless men from the perspective of service providers?

Intervention philosophies and practices

- Approaches:
 - Humanistic
 - Harm reduction
- Interventions philosophies and practices:
 - Flexibility and respect – going at the individual's pace
 - Revisiting the meaning of time
 - Working with a sense of belonging to encourage a sense of *home*
 - Promoting self empowerment
 - Rehabilitation by *doing with* the person

Harm reduction definition

- “Harm reduction is an approach or strategy aimed at reducing the risks and harmful effects associated with substance use and addictive behaviours for the individuals, the community and society as a whole. It is indeed a realistic, pragmatic, humane and successful approach to addressing issues of substance use. Recognizing that abstinence may be neither a realistic or a desirable goal for some users (especially in the short term), the use of substances is accepted as a fact and the main focus is placed on reducing harm while use continues.” *The Homeless Hub, 2017*

Sites philosophies regarding « harm reduction »

PLM	JADS	RELAIS
<p>Harm reduction</p> <p>Ex: We don't force them to diminish or stop harmful behaviors, but we can encourage them control that harmful behavior by implementing protection mechanisms.</p>	<p>Flexible abstinence (rules of conduct) Some exceptions: alcohol, drugs, hygiene.</p> <p>Ex: In fact, we are doing a lot here (harm reduction) Because yes, despite the regulation, we're very flexible about that.</p>	<p>Harm reduction ↔ Zero harm</p> <p>Ex: Harm reduction, yes, but also, no harm at all.</p>

Applying Harm Reduction in Supportive Housing

- Varying levels of familiarity of care workers with the Harm reduction approach
- Different definitions and uses of harm reduction: hygiene, alcohol, drugs, tobacco, food
- Variations between the different resources and care workers: 50/50 technique, prioritization of abstinence, choice belongs to the participant.

Challenges

- **Harm reduction vs. Impacts on the person's environment**
 - Restrictions: As long as there is no risk for oneself or others
 - Surveillance methods: camera, rules of conduct, etc.
- **Dual role of the intervention worker: authority vs. confidant.**
 - Establishing a relationship of trust and long-term follow-up.
 - Application of rules and sanctions
 - Contradiction of roles that hinders the support relationship
 - Difficulties of applying harm reduction methods in a authoritative context.

Challenges

- Well, listen, he must not come over... go out, if he's intoxicated, go do scandalous things go knocking on neighbors doors, drink excessively and then fall on the stairs, or the likes for example, No, it's not permitted. We're allowed to drink, but in the ... as we should drink, ... that's it. If he does ... well, if he does, well, if he is at home and he makes no noise, he will not bother others, well, he behaves properly, I can't ... *Relais*
- There is like power and counter-power, which are exercised by the same person. So, I do not have any solutions, but I think it's problematic. There is a person, an entity that carries the same ... which carries two roles that are sometimes contradictory. (JADS)

Opportunities/Recommendations

- Giving on-site training in harm reduction methods to standardize discourse.
- Revisiting the rules of supportive housing
- Promoting a division between the authoritative role and the « caring » role to facilitate harm reduction.
- Broadening the definition of harm reduction : Hygiene, food...

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Peter Coyle Place



Established 2005, permanent housing, 70 units
Unable to access traditional seniors' housing, 55+ years

Peter Coyle Place

- Frontline Staff: Social Worker, Team Lead, Support Workers (n=8), Tenant Resource Coordinator, Kitchen & Custodial staff
- Harm reduction approach
- Supports but does not require abstinence
- Managed Alcohol & Managed Tobacco
- Multiple partnerships
e.g. Alberta Health Services Home Care (nursing), The Alex Community Health Centre (primary health care)

Life at PCP



Research Question

What are the opportunities and challenges for 'aging in place' at Peter Coyle Place from the perspective of residents and service providers?

Methodology

- Case study, grounded theory methodology
- Participants and recruitment
 - Semi-structured interviews
(6) Residents, (7) Service Providers; 30 min to 1.5 hrs
 - Focus groups (28) Service Providers; 1.1hrs to 1.3hrs
- Data collection
 - (15) Interviews: pathways into homelessness, experience at PCP, meaning of home
 - (3) Focus groups with referring agencies
- Analysis: Constant comparison, theoretical sampling
Yin, 2013; Charmaz, 2006; 2014

Main Findings

- Sense of control and independence central to aging in place – promoted through respectful relationships
- Residents engage in creative personal strategies to mitigate structural constraints and promote control and independence

Promoting Control & Independence through Respectful Relationships

We don't see eye to eye quite a few times but at least they do respect, you know, so I would put that as probably number one priority is that, you know, and just general caring.

(Bowman - Resident)

Promoting Control & Independence through Respectful Relationships

...he was happy to see me. I was happy to see him.

(Hugh – Service Provider)

Promoting Control & Independence through Respectful Relationships

They [Peter Coyle Place] seem more invested in the client themselves than the system of what they have in place... as opposed to...facility-based places. It's always trying to make the person fit into the facility, so it's not the facility trying to do a bit of a workaround to try and, for the client

(Hospital Focus Group)

Tensions & Strategies to Mitigate Structural Constraints

I put that up [the 'Knock please and wait for a response' sign] because they kept knocking and coming in every hour or two just to make sure I was alright ...

That's their job, I know, it's their responsibility but right now I'm fine.

(Thomas-Resident)

Tensions & Strategies to Mitigate Structural Constraints

*Well I put a note in the suggestion box ...
... I mean a boiled egg?*

(Jessie - Resident)

Tensions & Strategies to Mitigate Structural Constraints

... well even if you get rid of my microwave, you're gonna have to get rid of everybody's and make sure everybody can't have one, you know?

(Bowman - Resident)

Next Steps...

Promoting aging in place, across the spectrum of care, through respectful relationships and interdependence...