

Homelessness in late life: Growing old on the streets, in shelter, and long-term care

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Outline

1. Background- Why Homelessness in Late Life?
2. Context for the Study of Homelessness in Late Life
3. Critical Life Course Perspective
4. Study Findings
5. Policy Issues and Suggestions for Change



Background

- Shelters seeing increased numbers of older people in their food halls and emergency shelters
- Emergence of ‘new to homelessness’
- Trends of eviction, sex trade, etc
- No knowledge of aging- new needs
- Difficulties in securing housing, placement
- No recognition of older people as a unique group



Critical Gerontology & Life Course Perspective

1 Taken-for-granted Assumptions

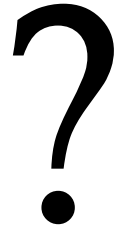
2 Exclusion and Marginalisation

3 Inequality over the Life course

**Homelessness in Late Life:
Growing old on the Streets, In Shelters and in
Long-term Care.**

SSHRC Insight Grant (2012-2016).

**Grenier, A. (PI), Lavoie, J. P., Sussman, T., Rothwell, D.,
Bourgeois-Guerin, V.**



Study Questions:

What happens at the intersections of aging and homelessness?

How does age alter the experience of homelessness and vice versa?





Methods and Phases

Phase One (2012-2013)

- Literature review on homelessness in late life
- Stakeholder interviews (15)
- Policy review (guidelines and strategies) (42)

Phase Two (2013-2014)

- Administrative data (1214)
- Interviews - older people (40)
- Stakeholder interviews across care continuum (10)
- Ethnographic observations

Phase Three (2014-2016)

- Interviews continued (40)
- Analysis of multi-methods
- Identification of best practices
- Strategies for change, etc.



Who is homeless?

Table 1: Four sub-groups of homeless people

Unsheltered, or absolutely homeless and living on the streets or in places not intended for human habitation.	Emergency sheltered, including those staying in overnight shelters for people who are homeless, as well as shelters for those impacted by family violence.	Provisionally accommodated, referring to those whose accommodation is temporary or insecure.	* At risk of homelessness, referring to people who are not homeless, but whose current economic and/or housing situation is precarious or does not meet public health and safety standards.
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(Canadian Homelessness Research Network 2012)



What do we mean by 'older' homelessness?

- People over age 50 are considered older due to 'accelerated aging' and health or functional status (10 year difference)

Two diverse pathways in later life:

- Aging in situations of homelessness ('Aging on the Streets')
 - Newly homeless (Homeless for the First time in late life)
- This includes the aging of over-represented populations (i.e., Indigenous people, LGBTQ, people with disabilities, immigrants 40+)

Grenier et al., 2016, Canadian Journal on Aging



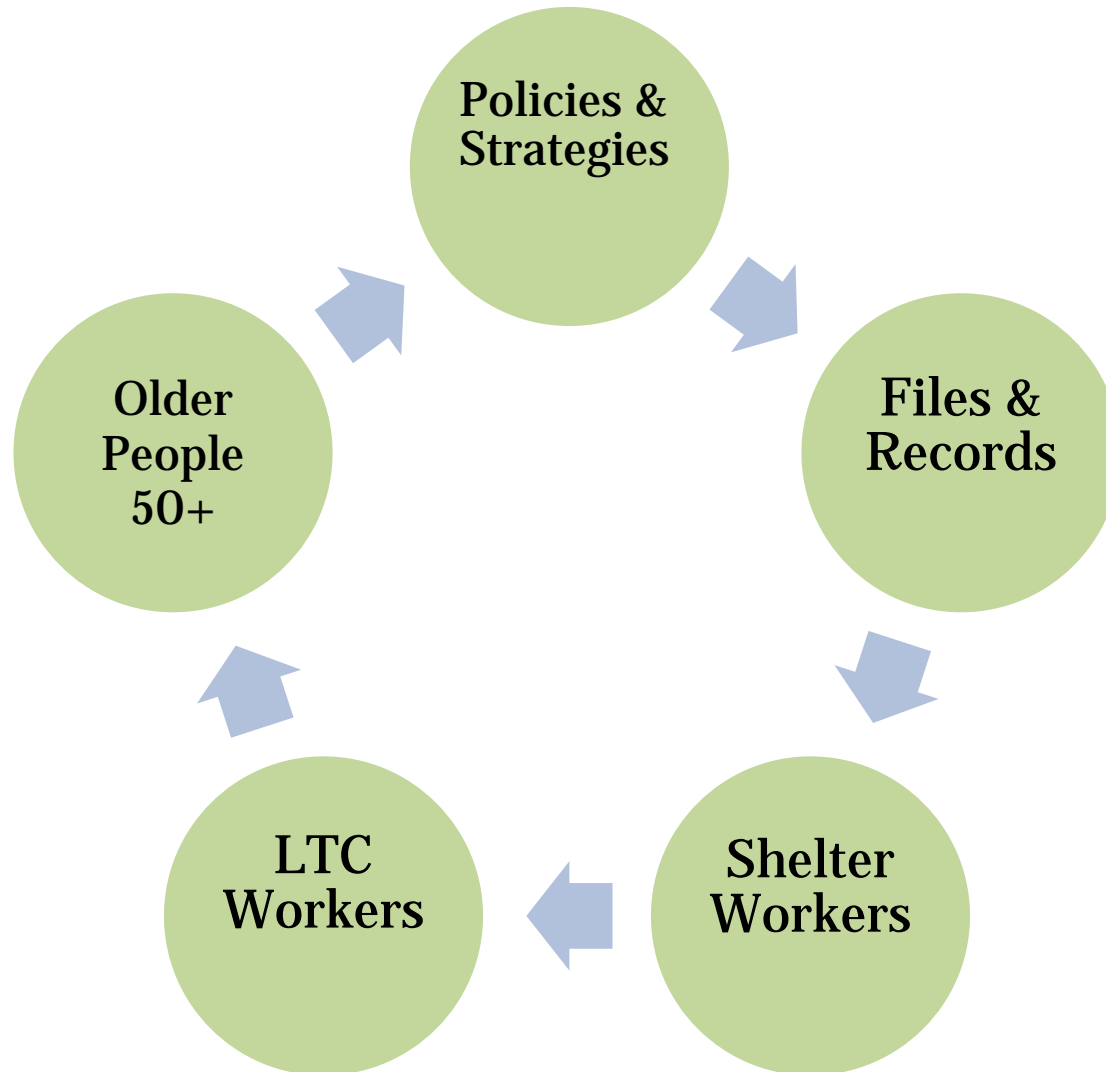
How many older people are homeless?

Consider 3 point in time counts:

Montreal (2015)	Toronto (2013)	Vancouver (2016)
41% (largest group)	29% in 2013 20 % in 2009	18% of pop *young population
Aged 50+	Aged 51+	Aged 55+

Grenier et al., (2016). Canadian Review of Social Policy

5 Accounts on Homelessness



Account 1- Policy and Homeless Strategies

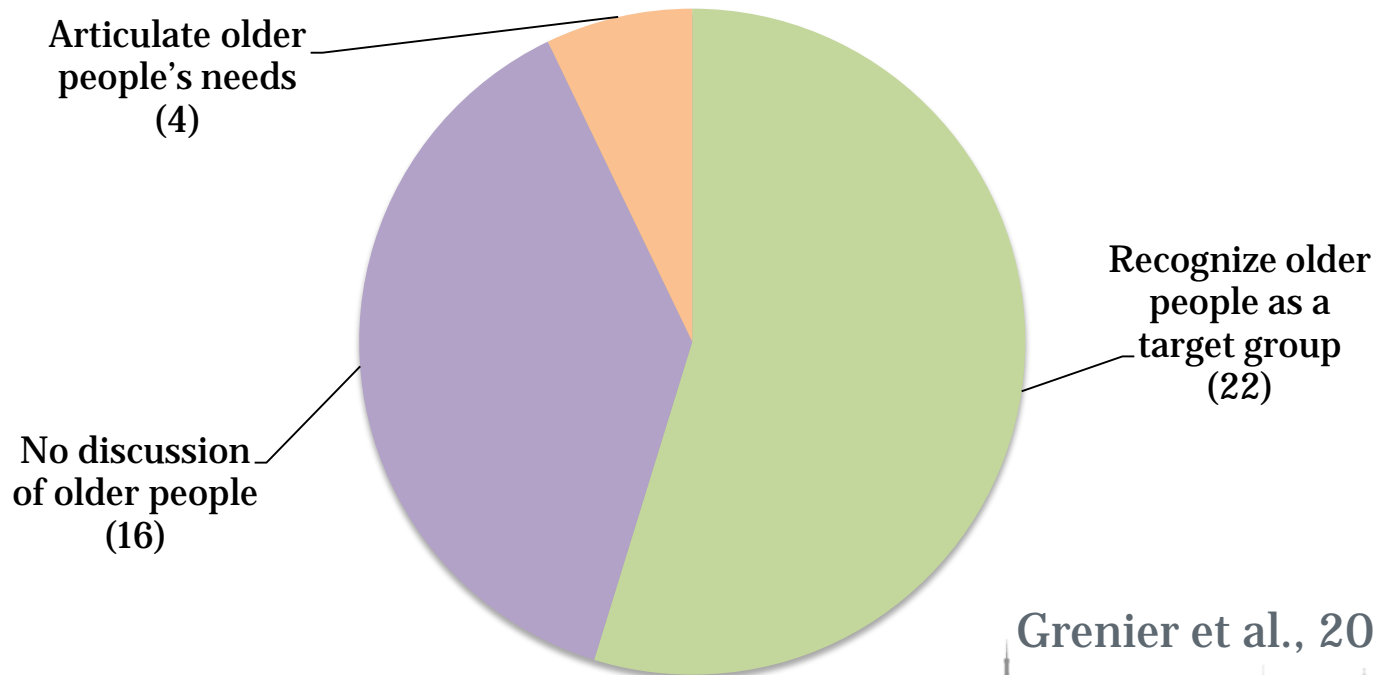


- Although increasingly visible on city streets and statistics OP are often overlooked in frameworks and strategies
- Little mention as target population (not listed)
- Mainly no Age-lens (how age changes need)
 - E.g., Housing First had few pilots involving older people



Review of Homeless Strategies across Canada

We reviewed 42 Canadian strategies on homelessness:



Grenier et al., 2016, CRSP



An example of an age-lens- Quebec's (2014) 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]

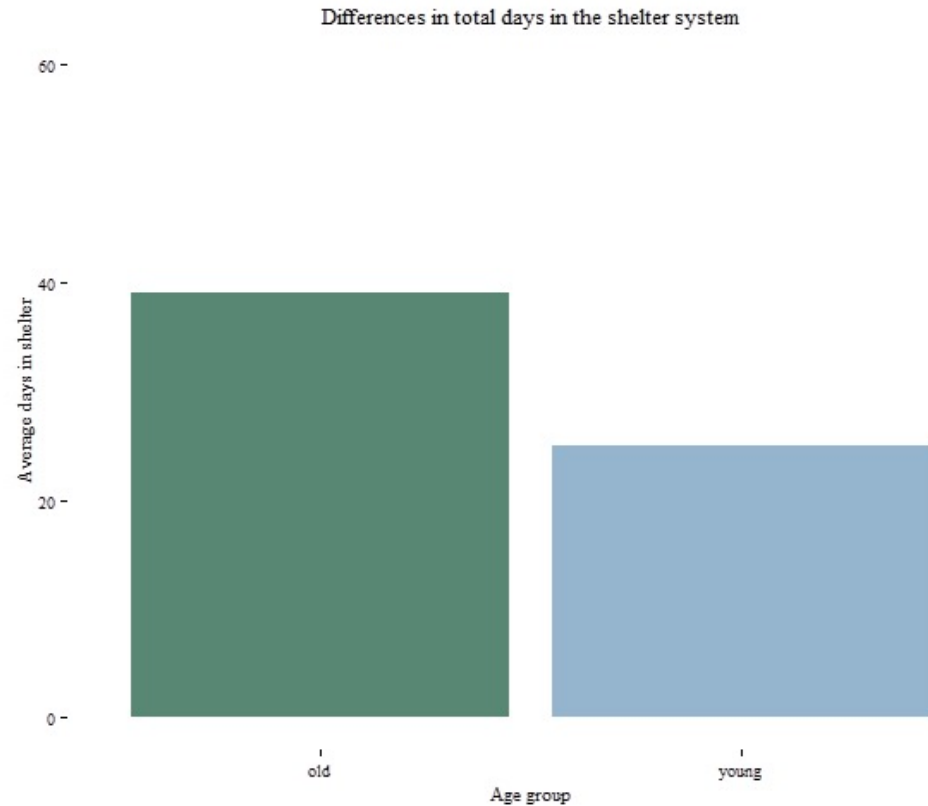
(Government of Quebec, 2014, 14-15)



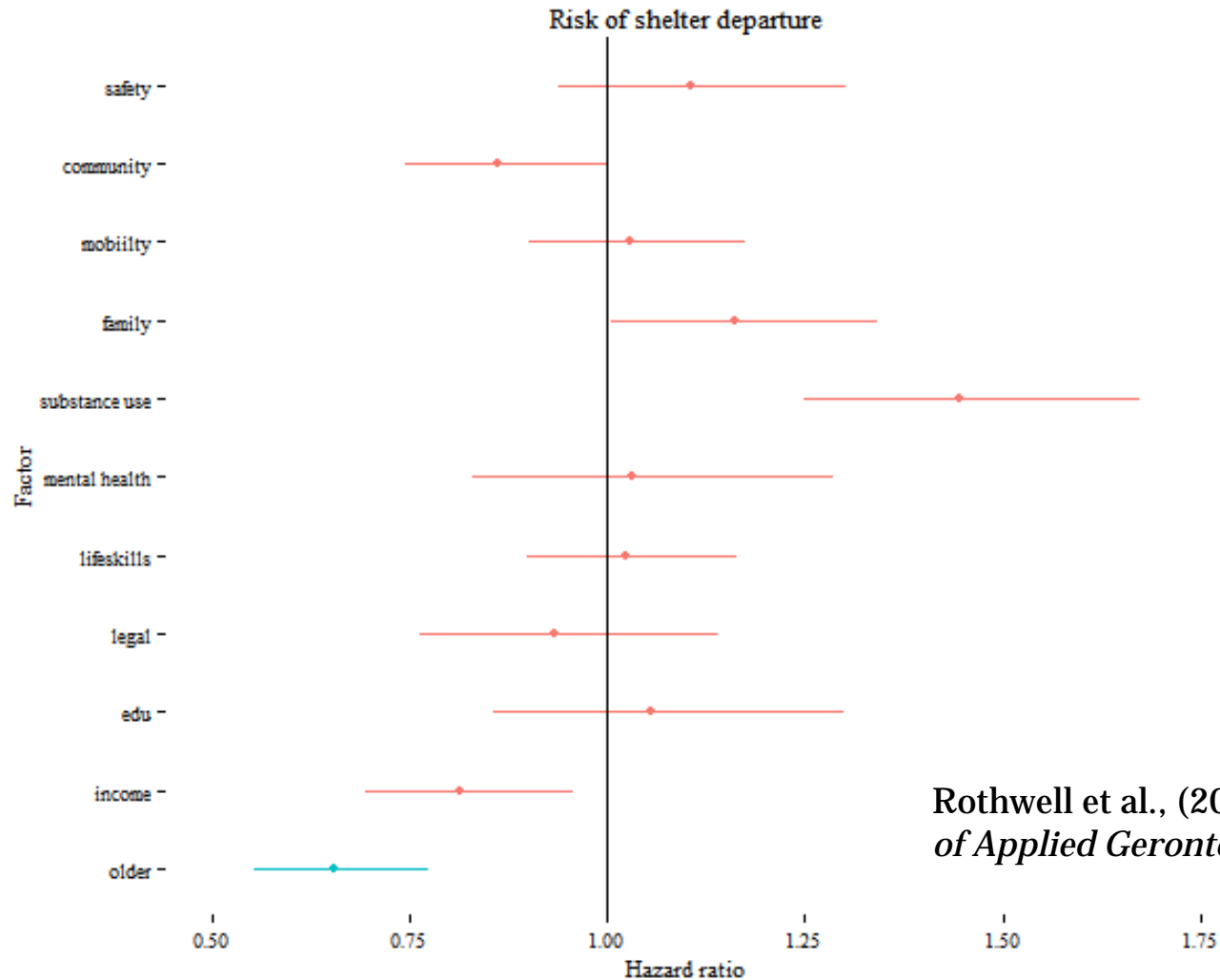
Account 2- Administrative Records

Patterns of Shelter Use:

- Older (50+) stay longer in shelters than 'younger' (<49)
- Older men were likely to stay about 2 weeks longer than younger men
- Risk of departure linked to substance use, outstanding legal issues, low community involvement
- Identification of a large group of men aged 40-45



Age Matters in Patterns of Shelter Use -



Rothwell et al., (2017). *Journals of Applied Gerontology*



Account 3: Shelter Workers- Key Findings

- Shelters are meant to be temporary- but there are few affordable housing options (they become long-term);
- Shelters are not intended as spaces to ‘grow old’ and are not well-equipped to address older people’s needs (mobility, end of life);
- Older people experience serious challenges with regards to access to services, and re-housing, especially when care is needed.



“We’re [shelters] *not here to provide long term solutions. . .*

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*

Account 4: LTC workers



- Premature relocation (no homecare);
- OHP are judged and/or excluded in care facilities;
- Historical trajectories impact adjustment (e.g., trauma, mental health, substance use, etc);
- Lack of accommodation in institutional settings (complex needs, routine, substance use, etc.).



“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



Account 5: Older People Key Policy Relevant Findings

Older people have complex needs for:

- Stable income across and into late life;
- Affordable and safe long-term housing (+support);
- Possible health/medical services;
- Access to appropriate services (often before 65);
- Adaptation, support, and/or care (e.g., frailty).



“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.”

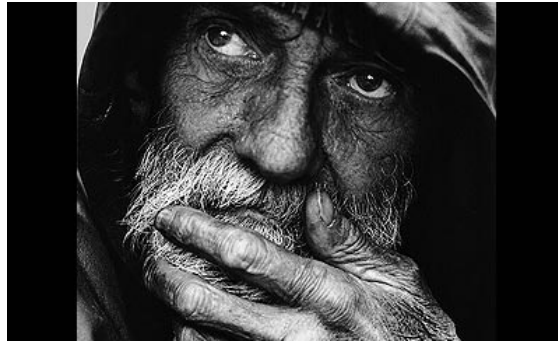
- Older man, shelter, age 56.

“I want to stay here. (. . .) Have some freedom, be able to breathe a bit. ...**I want a space where I can be well.** I wasn't well when I was young. I've never been well anywhere. **I need a simple place . . . where I can have peace, and quiet . . . but not be all alone”**

- 65 year-old woman, transitional housing

What happens at the intersection of aging and homelessness?

- Homelessness exacerbates challenges of aging



- Aging exacerbates challenges of homelessness

Grenier et al., (2016). *Journal of Gerontological Social Work*



Policy Agenda for Change



1. Include older people in strategies and frameworks (age-lens)
2. Alter program eligibility for persons not yet 65 (ie., 50+)
3. Ensure access across programs/budgets
4. Recognize and respond to inequality and long-term insecurities
5. Address 'at-risk' trajectories of over-represented groups
6. Ensure support across the lifecourse & into late life
7. Discuss housing and care



Material presented is for the book

Grenier, A. (Under contract).

**Homelessness in Late Life:
Growing old on the Streets, In Shelters and in
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