Seniors' Homelessness in BC

Healthy Aging
by United Way At home. In community.

Sarah Canham, PhD, FGSA

June 25, 2020

Webinar Instructions/Housekeeping

Everyone will **remain muted** and **cameras will be off**

There will be a **10-15-minute question period** at the end

Use the "Q&A" feature to ask questions at any time, and questions will be posed to Sarah during the questions period

Webinar is recorded and posted on Healthy Aging CORE – slides will also be available

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The Provincial Seniors Housing Working Group will host three webinars in 2020

Seniors' Homelessness in BC – **Today's webinar**

Modular Housing in Response to Seniors' Homelessness – **Fall 2020 (TBD)**

SHINE and Supportive Housing for Seniors – **Fall 2020 (TBD)**

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Funding Acknowledgement

SMALL NUMBER OF LARGELY SINGLE MEN EXPERIENCING CHRONIC HOMELESSNESS

35,000 CANADIANS ARE HOMELESS ON A GIVEN NIGHT

at least 235,000 CANADIANS EXPERIENCE HOMELESSNESS IN A YEAR

HOMELESS POPULATION BECAME MORE DIVERSE

FROM LATE 1980s...

...TO A MASS PROBLEM IN THE MID-2000s

(Gaetz et al., 2016)

Definitions of Homelessness

Unsheltered or absolutely homeless and living on the streets or in places not intended for human habitation

Emergency sheltered, including those staying in homeless shelters or family violence shelters

Provisionally accommodated, including living temporarily with others or in institutional contexts
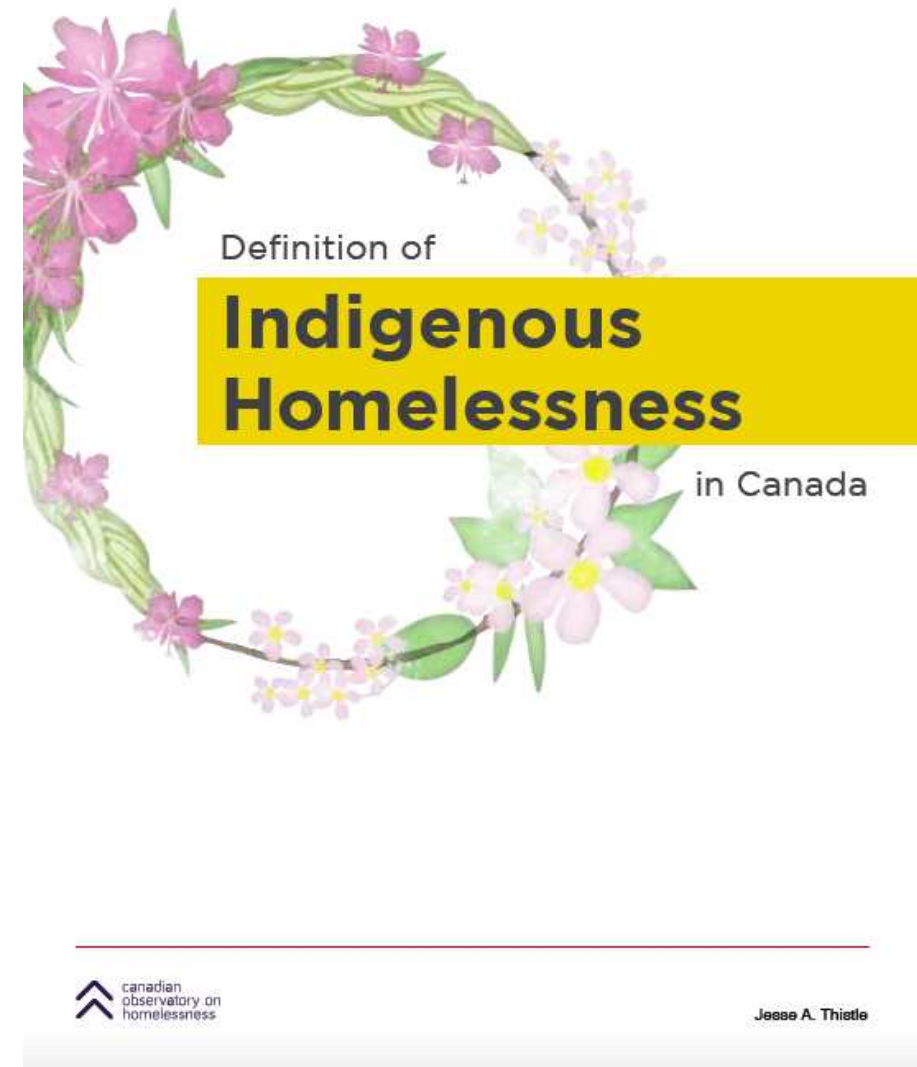
At-risk of homelessness, including those living in precarious or substandard housing

Definition of Indigenous Homelessness in Canada

Indigenous homelessness describes First Nations, Métis, and Inuit individuals, families, or communities lacking stable, permanent, appropriate housing, or the immediate prospect, means, or ability to acquire such housing.
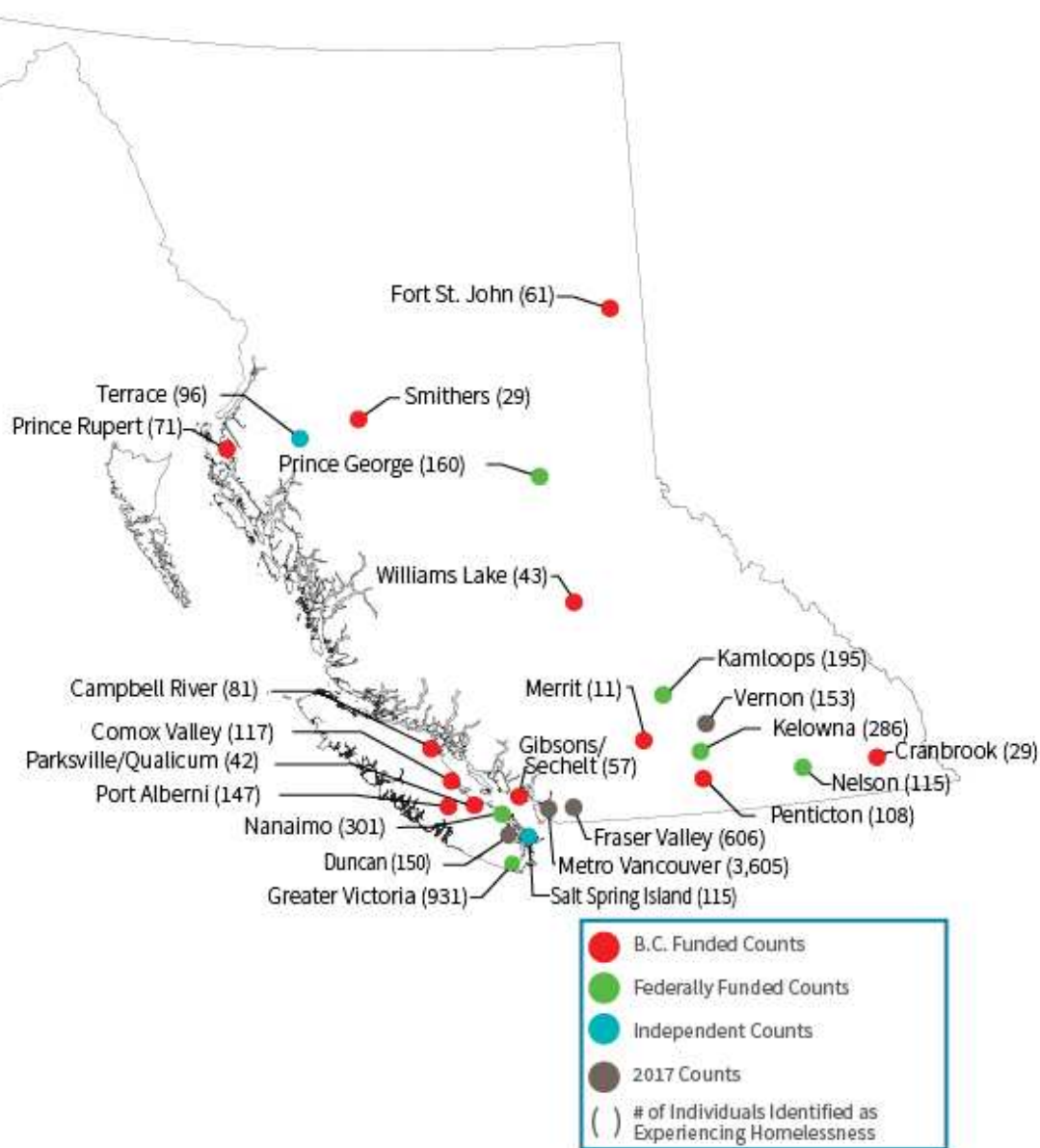
Unlike the common colonialist definition of homelessness, Indigenous homelessness is not defined as lacking a structure of habitation; rather, it is more fully described and understood through a composite lens of Indigenous worldviews.

These include individuals, families and communities isolated from their relationships to land, water, place, family, kin, each other, animals, cultures, languages and identities.

Definition of **Indigenous Homelessness** in Canada

canadian observatory on homelessness

Jesse A. Thistle

Map of Participating Communities

Fort St. John (61)
Terrace (96)
Prince Rupert (71)
Smithers (29)
Prince George (160)
Williams Lake (43)
Kamloops (195)
Campbell River (81)
Merrit (11)
Vernon (153)
Comox Valley (117)
Kelowna (286)
Parksville/Qualicum (42)
Gibsons/Sechelt (57)
Cranbrook (29)
Port Alberni (147)
Nelson (115)
Nanaimo (301)
Penticton (108)
Duncan (150)
Fraser Valley (606)
Greater Victoria (931)
Metro Vancouver (3,605)
Salt Spring Island (115)

B.C. Funded Counts
Federally Funded Counts
Independent Counts
2017 Counts
( ) # of Individuals Identified as Experiencing Homelessness

7,655 individuals identified as experiencing homelessness

The majority of all ages surveyed were sheltered (63%) and 37% were unsheltered

20% of survey respondents were seniors (55+ years of age) and 15% were youth (under 25 years of age)

https://hsa-bc.ca/2018-homeless-count.html
2018 Report on Homeless Counts in B.C.

Table 2.4: Age - All Communities

Age Groups	Sheltered		Unsheltered		Unspecified		Total	
	#	%	#	%	#	%	#	%
Youth (Under 25 Years)	339	15%	279	13%	140	17%	**758**	**15%**
Adult (25-54 Years)	1,341	61%	1,492	71%	517	63%	**3,350**	**65%**
Senior (55+)	510	23%	345	16%	168	20%	**1,023**	**20%**
Respondents	**2,190**	**100%**	**2,116**	**100%**	**825**	**100%**	**5,131**	**100%**
Don't Know / No Answer	2,089		255		180		**2,524**	
Total	**4,279**		**2,371**		**1,005**		**7,655**	

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Proportion of seniors was greater among sheltered respondents than unsheltered respondents (23% vs. 16%)

Age 55+ Across Communities

21 Prince George	**42** Nanaimo	**16** Kamloops	**18** Vernon	**518** Metro Vancouver
112 Greater Victoria	**81** Fraser Valley	**55** Duncan	**12** Nelson	
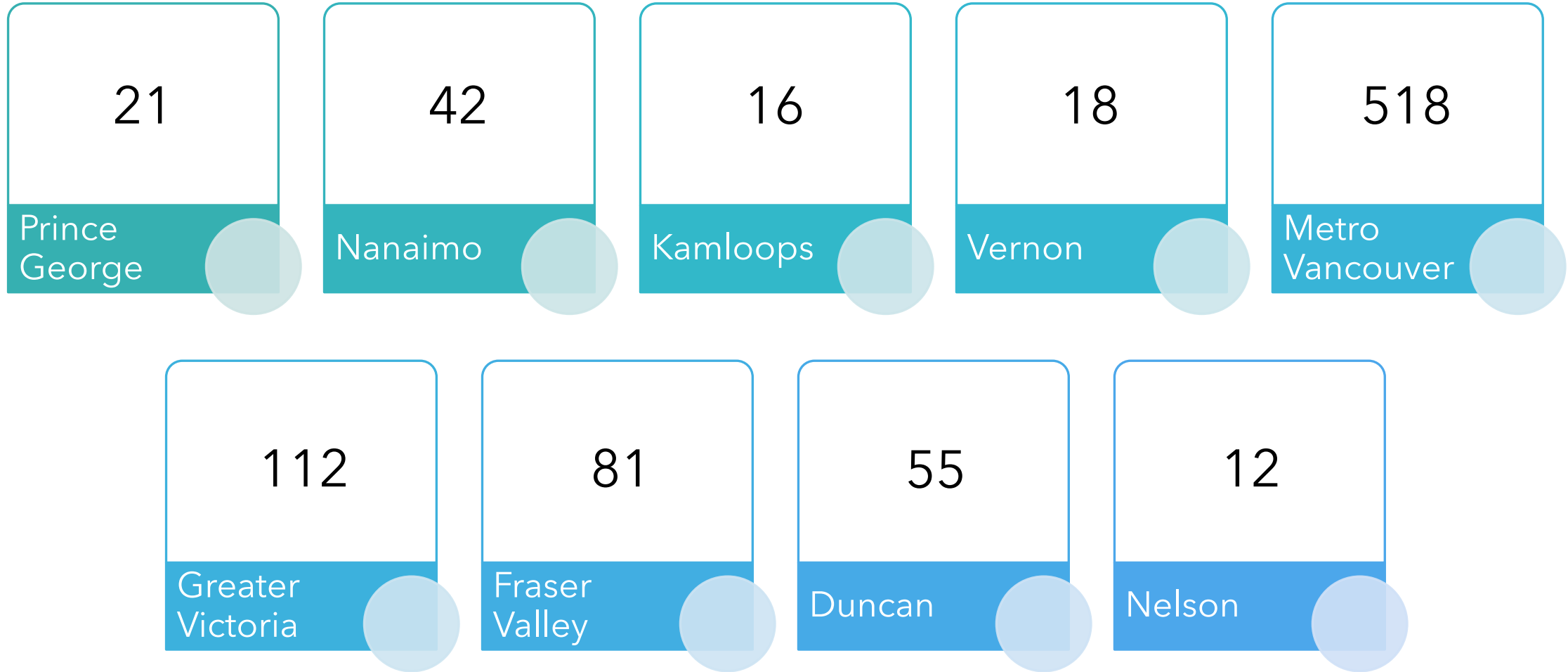
Figure 9: Number of homeless older adults (55-64 years old) and seniors (65+ years old), Metro Vancouver, 2008, 2011, 2014 and 2017 Homeless Counts

Black — 55-64 years of age
Teal — 65+ years of age

Number of homeless persons

- 2008: Black 180, Teal 32
- 2011: Black 210, Teal 58
- 2014: Black 281, Teal 90
- 2017: Black 395, Teal 123
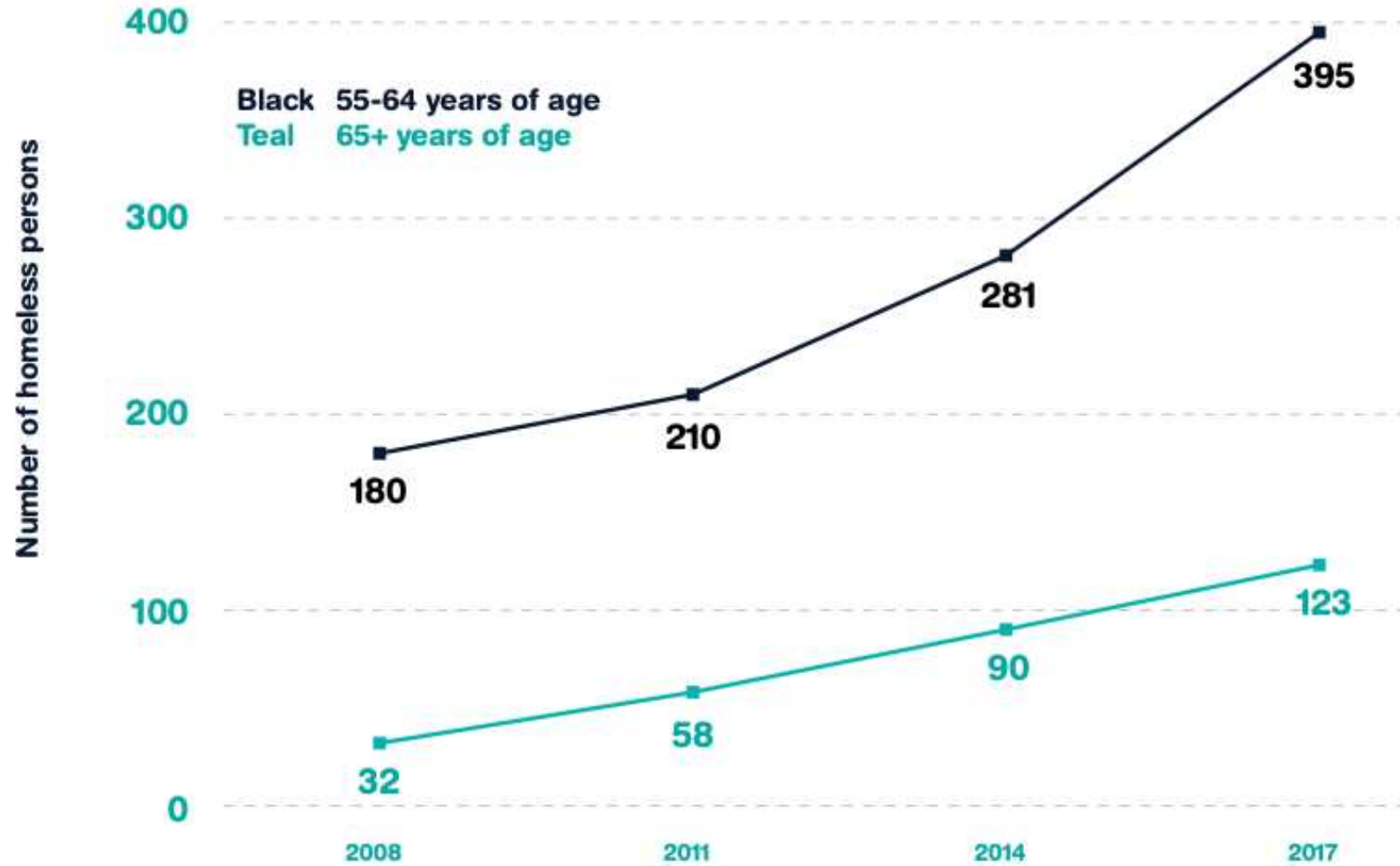
Source: Metro Vancouver. 2017 Homeless Count Final Report. p.58. Table 47: Age Groups - Total (2002 to 2017) – Trends[4]

https://www.uwlm.ca/wp-content/uploads/2018/06/B.C.-Seniors-Poverty-Report-Card.pdf

Older Persons Experiencing Homelessness

The average age of single adults experiencing homelessness has increased in the past 30 years

35%-50% of single homeless adults are aged 50 and older

(Culhane et al., 2013; Hahn et al., 2006; Hurstak et al., 2017; The Harvard Joint Center for Housing Studies, 2019)

Premature Aging

Age 50 characterizes "older" homeless persons

Poor mental and physical health accelerates aging

Medical age exceeds biological age

Geriatric conditions affect individuals experiencing homelessness 10-20 years earlier than housed counterparts

(Brown et al., 2012, 2017)

Older Adults Who are Experiencing Homelessness

Substance Use Disorders

Mental Health Disorders

Depression

Anxiety & PTSD

o Frailty & functional impairment
o Cognitive impairment & traumatic brain injury
o Urinary incontinence
o Hearing & visual impairment
o Arthritis, hypertension, diabetes, asthma

HEALTH CONDITIONS

Figure 2: Forecasted Relative Change in the 65 and Older Homeless Population Compared to 2017

Culhane et al. (2019). https://www.aisp.upenn.edu/aginghomelessness/

Pathways to Homelessness in Later Life

Rising rental costs and little increase in fixed income

Limited affordable, accessible housing

Financial insecurity, particularly for women

Hospitalization

Chronic vs. First Time Homeless After Age 50

First experience age <50

- Childhood trauma/abuse
- Mental health/substance use disorder
- Lack of spouse/partner and social support
- Low socioeconomic status, underemployment
- Incarceration

First experience age 50+

- 44% of homeless persons age 50+
- Health or financial crisis in later life
- Relationship breakdown, loss of loved ones
- Fixed income
- Loss of ability to work

(Brown et al., 2016)

Research Studies

PLANS TO
END HOMELESSNESS
implemented

ADOPTED HOUSING FIRST
AS A CRITICAL INTERVENTION

FOCUSED ON PEOPLE EXPERIENCING
CHRONIC HOMELESSNESS &
HIGH ACUITY MENTAL HEALTH
& ADDICTIONS PROBLEMS

HOMELESSNESS PARTNERING
STRATEGY RENEWED FOR 5 YEARS
with HOUSING FIRST & CHRONIC
HOMELESSNESS KEY PRIORITIES

2008

2013

(Gaetz et al., 2016)

Housing First =

Permanent Housing + Support

What are Senior-Specific Needs, Challenges, and Resources to Enable Housing First?

Methods

- Community-based participatory research

- Representatives were integral to the research

- Deliberative dialogue workshop

- 16 service providers and one older adult

Deliberative Dialogue Workshop

Deliberative dialogues aim to create platforms where diverse perspectives can be shared and ideas and solutions generated.

Deliberative Dialogue Workshop

Case Discussion

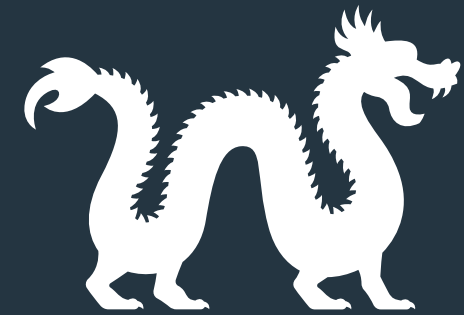Identify issues and services needed by hypothetical clients.

Community Mapping

Describe how resources are distributed/function across municipal regions.

Magic Wand

Understand services participants perceived as lacking.

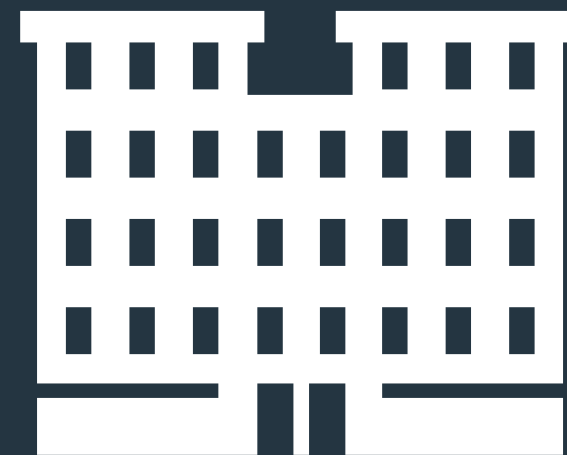# Supports and Challenges for Older Housing First Clients

Housing

Transportation

Finances

Home Support

Information

Cultural Diversity

Discrimination

"We have long-term care which is totally inadequate and unaffordable; there's long waiting lists and the conditions are not up to the normal standard for living."

Seniors are being "priced out" of the housing market.

Home Support

Community-based medical and social programs

Caregiver respite support

Social programming for isolated, homebound seniors living alone

"The most important service for seniors is medical follow-up at home and we do a very poor job of that. It's very difficult for the majority of my clients to make appointments – and then actually get there."

Transportation

Importance of low-cost transportation services

Transportation to medical appointments is a priority

Need for social transportation

"Even to order HandyDart you have to order a certain number of days in advance, you can't order ongoing, and it can be really confusing for anybody — especially a senior who has any kind of cognitive impairment — it is really a barrier."

Information

Online lists do not describe details of the service (e.g., waitlist, hours of operation, eligibility criteria)

Limited assistance completing forms is a barrier

Literacy and language considerations

Finances

Seniors with limited income unlikely to pay even a small fee for services

Disorganized financial records challenge ability to assess eligibility for resources

"Unless finances are sorted out, it becomes a real barrier to finding services, because accessing any of the private ones (even subsidized) they don't want to touch you until your finances are sorted out."

Cultural Diversity
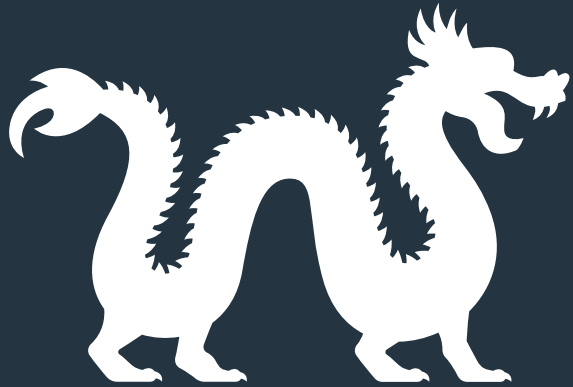
Immigrant and refugee seniors are an invisible group

Sleep in different peoples' homes

Not eligible for subsidies or social assistance

Language and information barriers limit access

"It's not that they're not there, but we're not getting referrals. Chinese and Punjabi population also have even more intense stigma around substance use."

Discrimination

"[General practitioners] don't want to take our clients because they have too many problems and it's too complex. If you're too sick, or have an issue, they aren't willing to take you."

Housing First

Not a viable option for many older adults

Limited housing does not align with "consumer choice" or "immediate access to housing"

Relocation to new communities is at odds with social integration

Older adults are "newly homeless" or precariously housed – do not meet "chronic" or "episodic" criteria

Health and Psychosocial Supports Needed for Older Adults Experiencing Homelessness Upon Hospital Discharge

For homeless adults, the main point of entry into the healthcare system is often hospitals and emergency departments.

Upon hospital discharge, persons experiencing homelessness are often unsupported and unable to continue recovery or adhere to follow-up care.

Methods

Community-based participatory research

Interviews with
- 10 Shelter/housing providers
- 10 Healthcare providers

Thematic analysis

Growth in Older Adult Population

"

We're seeing more seniors getting sick and living on their own without any proper supports.

– Shelter/housing provider

THEMES

UNIQUE
vulnerabilities

1

"One thing we've noticed…as people age, and it's not even all that old, 40-to-60, the chronic disease starts to mount and their illnesses start to mount and they can't really manage independent living."
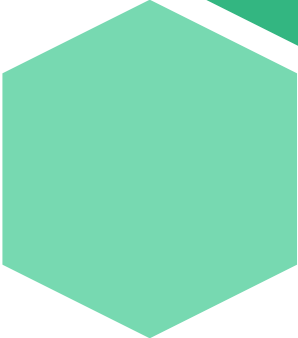
– Shelter/housing provider

THEMES

UNIQUE
vulnerabilities

1   2

INAPPROPRIATE
general population shelters
following discharge

"You have a frail 70-year-old being discharged into a shelter with a lot of young people, where this 70-year-old can be rendered very socially and economically vulnerable."
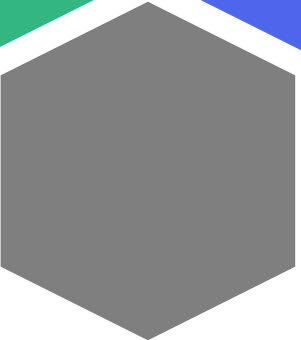
– Healthcare provider

THEMES

UNIQUE vulnerabilities

INAPPROPRIATE general population shelters following discharge

LIMITED shelter/housing options

1 2 3

"I have to call every morning… 'Hey do you have a shelter bed for a patient who needs a bottom bunk and no stairs?' A lot of these shelters will have six beds for those kind of people and those are always full."

– Healthcare provider

THEMES

UNIQUE vulnerabilities

INAPPROPRIATE general population shelters following discharge

LIMITED shelter/housing options

SENIOR-SPECIFIC shelters/housing

1 2 3 4

"With the seniors population…a lot of these guys don't fit in the shelters, but they can't get into independent living because they don't have enough money, they can't get into assisted living because they're alcoholics, and a lot of the seniors' homes here they don't support folks who've got alcohol issues, or brain injuries and dementia coupled with substance use—there's no supports for these guys. So, what happens is the only 'option' available is really a shelter…"

– Healthcare provider

THEMES

UNIQUE
vulnerabilities

INAPPROPRIATE
general population shelters
following discharge

LIMITED
shelter/housing
options

SENIOR-SPECIFIC
shelters/housing

COMMUNITY
supports needed
following discharge

"A lot of people don't have skills around the activities of daily living...
Some do, but for the most part, certainly men don't have a lot of skills
around how to function to keep themselves fed, cleaned, and their
four walls in good shape. So, they really do need support around that."

– Shelter/housing provider

THEMES

1 UNIQUE vulnerabilities

2 INAPPROPRIATE general population shelters following discharge

3 LIMITED shelter/housing options

4 SENIOR-SPECIFIC shelters/housing

5 COMMUNITY supports needed following discharge

6 MEDICAL RESPITE for stabilization and convalescence
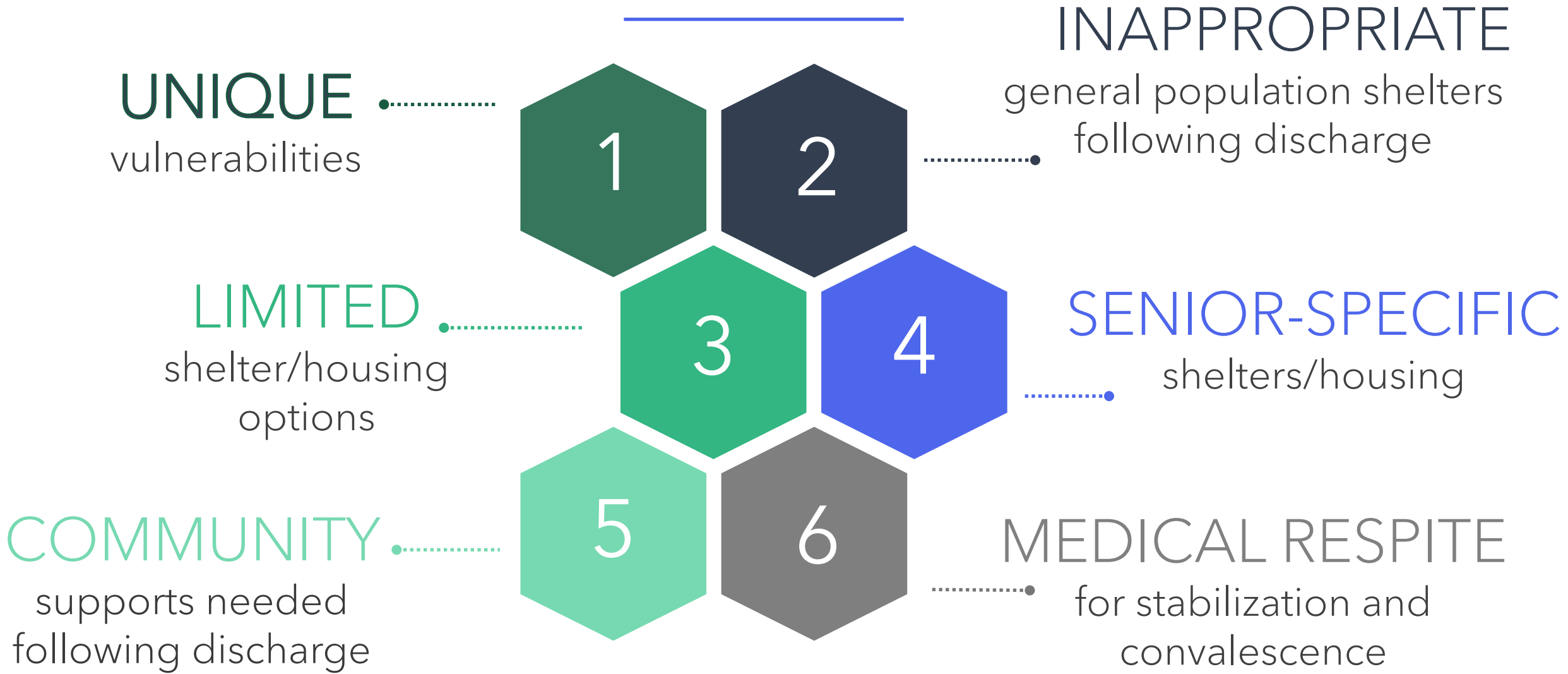
"It would be awesome if there was a place that they would put people from the hospital so that they can heal, have medical attention, before they're deemed able to live independently."

– Shelter/housing provider

Medical Respite

Post-acute medical care for persons experiencing homelessness who are not ill enough to justify staying in a hospital bed, yet are too sick or frail to recover on the streets or in a traditional shelter

In Canada, the first medical respite program was developed in 1999; three programs have been formally recognized (all in Ontario)

Medical Respite

- Improved health
- Reduced healthcare costs
- Medical stabilization
- Improved quality of life
- Access to health and community care
- Access to income and housing

Implications for Policy and Practice

Physical	Social	Cultural	Systemic	Institutional
Shelter/housing locations should offer services and supports	Support and facilitate peer networks	Embed cultural safety in service considerations	Remove procedural barriers to accessing services	Eliminate structural ageism, racism, homeism

Implications for Research

Aging in the right place

Evaluate models of shelter and housing to support older adults experiencing homelessness

Shelter/Housing Continuum

| Emergency, temporary, or transitional shelter/ housing with supports | Independent housing with offsite supports | Supported independent housing with onsite non-medical supports | Permanent supportive housing with onsite medical and/or specialized services | Long-term care | Palliative care/hospice |

CMHC-SSHRC - Aging in the Right Place

SCHL-CRSH - Vieillir au Bon Endriot

Implications for Research

Aging in the right place

Evaluate models of shelter and housing to support older adults experiencing homelessness

Homeism

Intersections of prejudice and discrimination experienced based on a person's housing status

Thank You!

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https://www.researchgate.net/profile/Sarah_Canham

References

Canham, SL, Battersby, L, Fang, ML, Wada, M, Barnes, R, & Sixsmith, A. (2018). Senior services that support Housing First in Metro Vancouver. *Journal of Gerontological Social Work, 61*(1), 104-125.

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- [ ] Funding Development

IMPACT OF HOUSING FIRST AND SUPPORTIVE HOUSING ON FRAIL SENIORS - SPOTLIGHT ON A LANGLEY SOCIAL HOUSING COMPLEX

Langley Seniors Community Action Table

DOCUMENT

Healthy Housing Action Guide

BC Healthy Communities

DOCUMENT

Seniors' Housing Report British Columbia

Canada Mortgage and Housing Corporation

DOCUMENT

Provincial Working Group Presentation: Housing

Housing Working group

Report on housing needs of seniors (2019)

Employment and Social Development Canada

Seniors' Housing: Examples of Successful Developments in BC

Josh Cook