Institute for Human Development,
Life Course and Aging

U N I V E R S I T Y O F T O R O N T O

Homeless Older Adults Research Project

Executive Summary

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Study Purpose

Despite the increased focus on the homeless population in Canada, there is little empirical knowledge about the characteristics, circumstances, and service needs of older homeless adults. The purpose of this study, therefore, is to gain a better understanding of older adults who are homeless or at risk for homelessness in the City of Toronto. As the number of homeless older adults are expected to increase with the aging of the baby boomers, improving service delivery to this population is important. While the experience of homelessness impacts on the physical and mental well-being of individuals, the process of aging adds another dimension, which creates unique challenges for service providers.

Methodology

The study sample consisted of older adults, defined as those aged 50 and over, from three subgroups: the chronic homeless, the newly homeless and those at risk for homelessness. Study participants were recruited using purposive sampling from three sectors: the hostel sector (shelters), congregate areas (sleeping rough, parks, etc.) and in service sectors other than hostels (drop-ins, hospitals, services for older adults). For the purposes of this study, participants were recruited and classified based on the following definitions:

1. Chronically homeless - defined as being homeless for 365 days or more
2. Newly homeless - defined as being homeless for less than 365 days
3. Persons at risk for homelessness - defined as people who were currently housed either in temporary housing or staying with friends or relatives, and who were accessing services for low-income or homeless people

To achieve the study objectives, this study employed a multi-method approach using the following five sources of data:

- 61 short face-to-face interviews with older adults aged 50 or over who were homeless or at risk for homelessness;
- 30 long face-to-face interviews, with older adults aged 50 or over who were homeless or at risk for homelessness;
- Three focus groups conducted with a total of 27 staff and service providers of community-based agencies that deal directly with older people and/or the homeless population;

- Secondary data analysis of the hostel data file and the 1996 Census tract for Toronto to provide a profile of older homeless people in Toronto and;

- A literature review of research on older homeless people using national and international sources.

Key Findings

Following are the key findings from the short and long interviews, focus groups, secondary data analysis of the hostel data file and census data, and a comprehensive review of the literature.

1. A Profile of Older Homeless Adults

- Most of the new and chronic homeless older adults using the shelter system are from the City of Toronto, and not from elsewhere in Ontario, across Canada or abroad.

- Almost 70 percent of older homeless people reported first becoming homeless between the ages of 41 and 60.

- Of those interviewed, most generally agreed that "old age" starts at about age 50, with no differences in viewpoint between the older men and women.

- Homeless older women reported fewer episodes of homelessness per year, but longer durations of homelessness compared to homeless older men.

- Most of the older adults currently at risk for homelessness had been homeless at least one time in their lives.

- An examination of Statistics Canada's Low-Income Cut-offs suggest that people most at risk for becoming homeless will be women, and that the proportion of women with low incomes increases as women get older.

Older homeless adults have been largely ignored in both the gerontological and homeless literatures. As a result, there is little consensus on how to define those that are chronic, newly, or at risk for homelessness. There is, however, some consensus within the literature that older homeless people should be defined as 50 years of age and older, because many appear and behave 10 to 20 years older than the general population, and the life expectancy for homeless people is also lower. As well, among the older homeless population, men outnumber women, which is the reverse in the general older population. Given that the older homeless population is likely to increase as the baby boomers age and the demand for affordable housing continues to rise, it is important to better understand the needs of this population.

Factors such as eviction, loss of a spouse, and loss of income have been commonly cited as reasons for homelessness in older age, and the patterns of homelessness tend to be different for men and women. Homelessness among women is more likely to stem from family crises

(e.g. marital breakdown, widowhood), where as with men it is often due to work related challenges (e.g. loss of employment). Women are also more likely to become homeless in their mid-fifties, which is at an older age compared to men. Older homeless women require greater attention for the following reasons: many older women live below the low-income cutoffs, which places them at risk for homelessness, and older women live longer than men and are more likely to live alone, making them more vulnerable to becoming homeless. Older women also have different health needs than men and therefore require special services. These factors should be considered in the planning and delivery of services.

2. Housing and Shelter History

- About two-thirds of the chronic homeless were currently staying in emergency shelters compared to slightly more than forty percent of the new homeless.

- Based on the housing history (e.g. their current and last three residences), the rate of emergency shelter use increased over time for both the chronic and new homeless from 13.2 percent to 48.3 percent, whereas the proportion of people living in self contained housing dropped from 45.3 percent to 5.2 percent.

- A larger percentage of older women than men found their current housing very difficult to afford. In addition, in their previous residences, most of the women lived in a self-contained apartment or with friends and family, while most of the men lived in a shelter or rooming/boarding house.

A steady decline in housing stability is evident from the housing and shelter history findings. In their fourth last residence, an individual had greater independence and autonomy. With each subsequent move, the risk of homelessness increased until many were without housing and reliant on emergency shelter. In terms of prevention strategies, it is suggested that an increase in housing stability resources is required when older adults first move to smaller, more affordable housing (e.g., from an independent apartment to shared accommodation or rooming house), rather than waiting until the last move when the person is facing homelessness and about to enter the emergency shelter system for the first time.

3. Older Homeless Adults - Physical and Mental Health Status

- Almost 60 percent of the chronic homeless rated their health as poor or fair; almost 50% of the new homeless rated their health as good, very good, or excellent. In the general population, 80 percent of older adults rate their health as excellent.

- According to the SF-12 (a standardized measure of health status), homeless older adults are physically older than their chronological age, and are in worse physical health than the general older population.

- About one-half of both the chronic and newly homeless older adults in this study have possible or probable depression.

- Almost all of the new and chronic homeless people reported trouble with vision and slightly more than half reported having arthritis. Other frequently reported illnesses were dental problems, back problems, anxiety and depression. Older women were more likely to report difficulties with arthritis and bladder control than the older men, while men were more likely than women to report back problems and skin ailments.

- Half of both the new and the chronic homeless, and more men than women have evidence of problem drinking as indicated by the CAGE, a commonly used screening tool.

- Two-thirds of the chronic homeless have taken painkillers and analgesics compared to almost half of the new homeless, while more of the new homeless are likely to have used crack, cocaine or hallucinogens.

- More women than men demonstrated memory problems, at more than twice the average for the general Canadian population.

Compared to the general older population, older homeless people are in worse health, have higher mortality rates, and tend to die at a younger age. Common health problems among older homeless people include: respiratory problems, stomach ulcers and gastritis, circulatory problems, dental problems, eye problems, blood pressure, and asthma or shortness of breath. In general, alcohol abuse is three or four times more prevalent among older homeless men than women, and both older homeless men and women have higher alcohol abuse rates compared to the general older population.

Most studies have found that mental illness among the older homeless population tends to be higher for women than for men, and the rates increase with age. Common mental health problems include schizophrenia, bipolar disorder, depression and anxiety. Dementia is also important to consider among older homeless people. The risk of dementia increases with age and is often confused and compounded by psychiatric problems. Service providers should be aware of these challenges in order to appropriately address the needs of homeless people who are aging.

4. Shelter, Housing and Service Needs

- It is when homeless older adults experience a change in their housing situation (transitioning from housing to a shelter or vice versa) that they most need support and services to assist them.

- The homeless older adults clearly stated the need for increased affordable housing for older adults.

- Homeless older adults reported substantial differences and difficulties between older and younger homeless people, suggesting that age-segregated programs and services may be most appropriate

- There are also differences in service needs between men and women. More older women reported difficulty finding enough to eat and finding clothing, while more older men

reported difficulty finding shelter for the night, finding a place to wash and using the bathroom.

- There is an increase of newly homeless women using Toronto shelters over the last 15 years. Particularly notable, is the increase in the number of new homeless women in the 50 to 59 year age group, and in the 70 and over category.

The chronic older homeless appear to be 'aging in place' like most Canadians. For the chronic homeless this is evident, where the condition of homelessness becomes normalized over time, and they spend many years in the shelter system in their lifetime. On the other hand, for newly homeless older adults, factors such as a lack of affordable housing, and a lack of appropriate supports to ensure their successful transition into housing, may affect their ability to age in place.

5. Employment, Income, and Social Assistance

- More than half of the new homeless are unemployed because of a disability compared to less than ten percent of the chronic homeless.

- The chronic homeless have significantly less income per month than the new homeless, and the main sources of income for chronic homeless was the Personal Needs Allowance and the Ontario Disability Support Program (ODSP) for the newly homeless.

- More older women than men received income from the Ontario Disability Support Program (ODSP), while more men reported income from Ontario Works (OW).

- The older adults reported experiencing ageism when trying to find work.

The employment, income and social assistance needs of homeless older adults are impacted by health status, availability of appropriate employment, as well as barriers and structural inadequacies in the Canadian social safety net. As noted in this report, older homeless adults have many unique characteristics and specific health needs, which may influence their ability to gain employment. While many are eligible for ODSP and OW, most older homeless adults do not yet meet the age eligibility requirement for other Canadian benefits such as Old Age Security (OAS). Efforts should be focused on eliminating barriers that prevent older homeless adults from obtaining work, and assisting them in applying for and receiving benefits for which they are currently eligible.

6. Family and Social Support

- Very few of the older homeless consider their family as part of their social support network. The chronic homeless tended to rely heavily on service providers for social support, whereas the new homeless tended to rely more on friends.

- Most older homeless people reported having siblings but only about one-half reported having contact with them. The chronic homeless reported more contact with siblings, children, ex-spouses and grandchildren than new homeless.

- Women had more contact with their children, and men had more contact with their siblings.

- Despite some older adults having some contact with family members, they do not tend to rely on them for assistance, and reported establishing social networks by attending social programs.

Older homeless people have social networks approximately three-fourths the size of the older general population. The social networks of homeless people tend to include people from agencies and institutions, and they tend to have fewer intimate ties than older people in the general population. Compared to younger homeless people, older homeless people are isolated, are less likely to congregate on the streets with other homeless people, appear more detached, have minimal contact with family members, and many do not rely on family members for assistance.

7. Community and Health Services

- More of the chronic homeless access health care via emergency rooms, shelters, and community health centres, compared to the new homeless who use private doctors, emergency rooms, and overnight stays at the hospital.

- In most instances, a larger proportion of the new homeless use community services compared to the chronic homeless. The community services used by both groups and both men and women were drop-ins to socialize, drop-ins to get a meal, and housing help centres.

- More of the chronic homeless frequented libraries and churches, while more of the newly homeless went to counseling services and recreation centres.

- More of the older women used places of worship and counseling services, while more of the older men visited libraries.

Most of the participants could not name specific services for older adults, suggesting that education programs are needed to alert homeless older adults to the services that are available for them. Men were more familiar with services or programs for older adults than women, but both indicated they would attend services and programs for older adults if more were available, or if they knew about them.

8. Aging and Homeless Service Providers

- Service providers suggested that homelessness among older adults has notably increased.
- New models of emergency shelters and permanent housing are required to address income, health, social, language and technological barriers.
- Intake and eligibility requirements for housing, income assistance and social services should be responsive and flexible, in order to minimize the barriers that older homeless adults often face (e.g. a lack of identification preventing service use).
- Health care needs for older homeless adults would be better addressed by improving access to medication, dental care, outreach nurses/doctors, harm reduction programs, mental health care services, transportation and accompaniment to appointments, homecare and cleaning services.
- More partnerships between social service, health care and community organizations are needed to improve access, service coordination, case management and follow-up care for older homeless adults.
- Older homeless people report that social services staff are often too busy and are therefore not always accessible. In addition, they also suggest that there is not enough follow-up by service providers following initial meetings.
- More awareness and training is needed for members of the public and service providers on psycho-geriatric and health issues/services, homelessness, ageism, and anti-oppression ideologies.

There have been few programs and services that specifically target the needs of older homeless adults. In addition, the needs of older homeless people are often inadequately addressed by mainstream aging and homeless services. Support systems for service providers are critical as working with older homeless adults is often frustrating due to systemic barriers. All levels of government need to provide adequate funding to support services for older homeless adults, and the housing and shelter needs of homeless older adults.

9. Barriers to Services

- The chronic homeless have more difficulties than the new homeless in meeting their basic needs such as finding a shelter bed, finding food, clothing, and a place to wash. About half of the entire sample did not have enough money or enough food to eat over the last six months, with the proportion being larger among the new compared to the chronic homeless.
- Almost half of those at risk for homelessness had difficulty accessing medical care when they needed it. The barriers most often cited for not accessing health services were: not available when needed, not available in the area, too long of a wait, and too costly.

- Most of both the new and the chronic homeless report that they are supposed to be taking medication, yet more than half reported that they could not afford their medication.
- Forty percent of the older women did not have a health card compared to 10 percent of men. Slightly more men than women reported difficulty accessing health care.
- About one-quarter of people over the age of 65 do not receive the Canada Pension Plan, even though they are entitled to receive it.

Older homeless people face a number of barriers to accessing health services such as: the fear of the illness, mistrust of physicians, fear of being shunned by health professionals, their lack of recognition of the severity of the illness, not having a health card, and the cost of medications. Barriers also exist in accessing social services. For example, one of the barriers in accessing existing social services is a lack of knowledge: older adults are not aware of the services that may be helpful to them. There are also several barriers in accessing income support. People must be made aware of the benefits available and know how to apply for them.

10. Conclusion

The City of Toronto commissioned this study because there is little information available on the older homeless population in Toronto or in general. Given the transient nature of this population, and the expected increase in the aging homeless population, older homeless adults require special attention. They possess unique characteristics that require better service coordination, additional education and training for service providers, and new shelter and housing options that meet their unique needs.

While this study is a starting point in addressing several deficiencies in the understanding of homelessness among older adults, several significant gaps in knowledge still remain. These gaps include: a lack of accepted definitions of homelessness and aging, especially across jurisdictions and fields of expertise; a lack of information about the role of ethnicity among older homeless adults; a lack of information on older homeless women in general; and almost no consideration of the palliative care needs of older homeless people. Future work in the following areas would make a contribution to addressing homelessness among older adults: providing service providers in the homeless sector with the necessary training to adequately address the needs of older people; developing services that specifically address the needs of older homeless people; evaluating existing programs to determine what programs are effective in addressing the needs of older homeless adults, and conducting more rigourous research to improve the quality of the data on older homeless people.

Recommendations

Following are the key issues and recommendations identified as a result of this research project on older homeless adults.

1. **It is recommended that a coalition be created to address the issues identified in this study, with a particular mandate to improve access to health and social services for homeless older adults.**

The coalition should be headed by the Shelter, Housing and Support Division of the City of Toronto and consist of a multidisciplinary team of health and social service providers. It should include, but not be limited to, representatives from shelters, the homeless and aging sectors, Homes for the Aged, as well as representatives from local hospitals (e.g. physicians, geriatricians, social workers, nurses), other health care facilities (e.g. nursing homes, Centre for Addiction and Mental Health), and Toronto Public Health. Consideration should also be given to inviting the Ministry of Health and Long Term Care, and the Ministry of Community and Social Services to join the coalition to cooperatively address the needs outlined in this report.

The purpose of this coalition would be to bring together health and social service providers in order to discuss the key issues identified in this report, and to set priorities for the coalition to address. The coalition will also identify potential funding sources, mobilize and provide support to new projects, and monitor program implementation.

Examples of activities that the coalition could undertake to achieve its mandate include: building relationships with local hospitals (e.g. with St. Michael's) and emergency departments; developing strategies to increase respite services, 24 hour nursing care, and palliative care for homeless older adults (e.g. by working with Community Care Access Centers); creating, maintaining and circulating a list of physicians, nurses and other health care providers who are willing to see older homeless adults in the community, at agencies, and carry out home visits for vulnerably housed older adults (e.g. by using the expertise of the coalition to identify directories of professionals, institutions, and services in Toronto that could be contacted); targeting barriers to health and social services such as transportation issues, services not available but needed, and affordability issues; developing a method for educating and training health professionals about homelessness and aging, in order to be able to link older homeless adults to available services.

Specific examples of activities related to education and training include; information sharing between the homeless and aging sectors, public education and training on aging and homelessness, staff training and support, access to programs and services, and advocacy in the areas of income support programs and housing options. This component could be achieved by organizing an education and training program offered three times per year to people working with older homeless adults, that includes an all day information session provided by the aging and homeless service providers about key issues (e.g. income support, health).

2. It is recommended that case management workers are needed specifically for older homeless adults to improve access to health and social services, and to facilitate continuity of care.

Counselors are required to undertake extensive case management work specifically with older homeless adults. They should possess specialized knowledge and expertise in homeless programs and gerontology services, in order to be able to address the needs of older homeless clients. Their purpose would be to: increase access to health and social services; ensure a continuum of care for these individuals by navigating them through the system; assess both the needs of older homeless people and their knowledge of the existing services available; and, ultimately better link clients to the services that match their needs. The case managers would undertake several functions. Those located within specific shelters would be able to follow clients in that shelter over time through the system, others would receive referrals from other locations, such as other shelters or hospitals, and would be able to help locate and co-ordinate services for these older homeless people within the system. For example, homeless older adults need better access to health care, particularly health services targeted to their needs such as eye care, dental care, and mental health care. These case management workers could facilitate meeting these needs.

Overall, there are three proposed models for case managers. First, they could be located within city-based shelters, by converting three or four existing counselors within specific shelters, such as Women's Residence, and Seaton House, and providing them with training in aging. These counselors could be the contact person across the entire shelter system on older homeless adult issues. When any vacancies in these positions become available, co-expertise in homelessness and aging should be sought. A second model is a community-based model, where the case managers exist within community-based shelters. Third, the case workers need not be part of the shelter system, but rather be part of hospitals or community health centers that are involved with community outreach for this population.

3. It is recommended that additional shelter options are required for older homeless people, with a specific emphasis on the need for a shelter for older homeless women.

In addition to Birchmount Residence, older adults need an age-segregated shelter in the City of Toronto, with separate floors for men and women. The shelter would have a capacity of about 40 to 60 residents, and would be linked to a full range of community, health, and social services for older adults. A wing within an existing shelter could be converted to address the special needs of this group, with dedicated sections within the shelter for palliative care, and people who have been discharged from hospital and need care. Staff with appropriate training would need to be available on these specialized units.

There is also a need for a small-scale shelter for homeless older women. The facility should have a capacity of about 30 individuals, and be operated from a harm reduction philosophy and be able to address serious mental issues. The shelter would be well linked to community, health, and social services for older women.

4. It is recommended that older homeless adults require additional supportive housing.

With the aging of the baby boomers, it is expected that there will be an increase in the number of older adults using shelters. Additional age and gender-segregated facilities are therefore required to address the needs presented by the aging population in Canada. Supportive housing for older chronic homeless men and women is needed for homeless people who are aging in place within the shelter system. These individuals would not be successful in a mainstream institution for a variety of reasons such as behavioural issues or substance use, and therefore require a specialized facility. It is also inappropriate for chronic individuals of this nature to remain in the emergency shelter system, as these individuals are highly unlikely to ever progress beyond the shelter without making a specialised housing model available.

One idea is to develop mini-communities with separate floors for men and women with about 30 to 50 people, which are small low-rise buildings that consist of private and semi-private rooms, and communal areas for eating and socializing. The facility would be staffed appropriately to meet the needs of the client population. Specialized programs that may exist within these facilities include; palliative care, long-term care beds, and beds for harm reduction. Within the facility, there should be some level of on-site nursing care, particularly to be able to address the care needs of those discharged from hospital, to provide on-going health monitoring, and to provide linkages with Community Care Access Centers (CCACs). Establishing a relationship with CCACs could be beneficial in terms of trying to retain homecare services that could provide such services as nursing care, and social work for chronic people within the shelter system. These services should be part of the supportive housing program development from the onset.

5. It is recommended that increased advocacy and awareness of the unique needs of older homeless people and homeless prevention are required.

In order to reduce financial barriers and to improve access to income support programs for homeless older adults and those at risk for homelessness, specific training for health and social service providers working with these populations is needed. This training would improve their understanding about income support entitlements available to older people and enable them to better assist older homeless adults and those at risk, including women and immigrants who face additional barriers in accessing services.

Many older adults become homeless between the ages of 40 and 60, particularly women. Older women appear to be most at risk for homelessness and need specific services that target their needs. For example, community outreach programs that reach people in their homes, and through services that they may be already accessing (e.g. food banks) would be helpful in order to prevent those at risk from becoming homeless and to also link the newly homeless to existing services.

Because of the eligibility requirement of age 65, many of these people are not eligible for the Canada Pension Plan and other support programs. Special consideration should be given to those who are homeless or at risk for homelessness, and the age of eligibility for these programs should be lowered to age 50. Additionally, many older homeless adults are not getting the prescriptions they need because they cannot afford them. The Ontario Drug Benefit (ODB)

Program should be available to older adults who are homeless and require medication (at this time, the program funds some medications, but only for people over age 65). It is therefore recommended that the coalition lobby the Ontario Ministry of Health and Long-term Care for a reduced age of eligibility for homeless people or explore alternative strategies to address these barriers.

Eviction is often the main reason that older adults lose their housing. In order to address this issue, there is a need for continued and increased housing support services for vulnerably housed older adults. For example, community outreach programs through housing help centres, financial assistance, (e.g. increasing training about benefits available), and eviction prevention, including services to maintain suitable living conditions (e.g. existing housing help centres) are needed so that people do not lose their housing. Additional training about the needs of older individuals or a specific worker to address these issues may be warranted.

As well, at least some of the prevention resources should be targeted at individuals who are just starting their decline in housing conditions (making the first move from independent living to another type of accommodation), rather than waiting until the individual is on the brink of becoming homeless.

6. It is recommended that evaluation of existing programs and additional research is warranted.

Few programs that serve older homeless adults (locally, nationally or internationally) have been evaluated. Existing and future services need to be evaluated to determine what strategies are effective in addressing the needs of this population. In developing supportive housing or shelter models, and future programs, models and interventions developed should include an evaluation component. An evaluation element should be incorporated at each phase, to allow for on-going evaluations at each phase of the program.