

**Homelessness among older people:
Assessing strategies and frameworks across Canada**

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Abstract

Homelessness among older people is expected to rise as a result of unmet need and demographic change. Yet, strategies and responses to homelessness across Canada tend to focus on younger groups, overlooking the circumstances and needs of older people (i.e., age 50+). This article reports the results of a content analysis of government planning documents on homelessness conducted in 2014. A total of 42 local, provincial, and federal strategies were reviewed to assess the extent to which they recognized and targeted the needs of older people. Our review resulted in three categories of documents: 1) documents with no discussion of homelessness among older people (n=16; 38%); 2) documents with a minimal discussion of homelessness among older people (n=22; 55%); and 3) documents with a significant discussion of homelessness among older people (n=4; 7%). Results indicate that while many strategies are beginning to consider older people as a subgroup with unique needs, little action has been taken to develop comprehensive services and supports for this group. We conclude with a call to integrate the needs of diverse groups of older people into strategies to end homelessness and to develop programs and responses that are suitable for older people.

Keywords: policy; practice; aging; social exclusion; poverty; housing

L'itinérance parmi les personnes âgées: Évaluations des stratégies et des structures à travers le Canada

Résumé

Il est prévu que l'itinérance chez les personnes âgées augmentera au cours des prochaines années, en raison des changements démographiques et des besoins non comblés que l'on observe actuellement. Malgré cela, les stratégies et les réponses à l'itinérance au Canada tendent à être

centrées sur les populations plus jeunes, ignorant les besoins et réalités des personnes âgées. Cet article présente les résultats d'une analyse de contenu des stratégies canadiennes sur l'itinérance effectuée en 2014. 42 stratégies ont été recensées afin d'évaluer dans quelle mesure elles reconnaissent et ciblent les besoins des personnes âgées.

Notre analyse regroupe en trois catégories les documents recensés : 1) les documents qui n'abordent pas l'itinérance chez les personnes âgées (n=16; 38 pour cent); 2) les documents abordent très brièvement l'itinérance des personnes âgées (n=22; 55 pour cent); 3) les documents abordant de façon substantielle l'itinérance des personnes âgées (n=4; 7 pour cent). Les résultats indiquent que bien que plusieurs stratégies commencent à prendre en considération le fait que les personnes âgées constituent un sous-groupe qui présente des besoins particuliers, peu d'actions ont été entreprises afin de développer des services et un soutien adaptés à leur réalité. Nous concluons en rappelant l'importance d'intégrer les besoins de différents groupes de personnes âgées aux stratégies qui visent à mettre fin à l'itinérance et de développer des programmes et réponses qui sont adaptées à une population âgée.

Mots Clefs : politique; pratique; vieillissement; exclusion sociale; pauvreté; logement

Introduction

The number of older people who are homeless is expected to rise as a result of population aging (see Edmonston & Fong, 2011), and the compounded impacts of poverty, inequality, and rising housing costs in Canada and elsewhere (Crane & Warnes, 2010; Culhane, Metraux, Byrne, Stino, & Bainbridge, 2013). Where in some cases, the phenomenon of older homelessness means that people are ‘growing old on the streets’, in others, it means falling into homelessness for the first time in later life. Although recent homeless counts in Toronto and Montreal draw attention to the shifting age structure of the homeless population, a significant gap exists where the knowledge and response to homelessness among older people is concerned. Where current strategies and initiatives to end homelessness in Canada include youth, women, Indigenous people, and members of LGBTQ communities, there is less attention to the subpopulation of people aged 50+ (Burns, Grenier, Lavoie, Rothwell, & Sussman, 2012). This article reports the results of a survey of 42 local, provincial, and federal Canadian planning documents on homelessness conducted between January and August 2014 (Barken, Grenier, Budd, Sussman, Rothwell, & Bourgeois-Guérin, 2015). Our review addressed the question: “to what extent do strategies recognize, target, and suggest responses for older people who are homeless?”

In this article, we define the boundaries for homelessness among older people, discuss the prevalence and unique needs of older homeless people, and outline why concern for this growing subgroup is important. We then outline the methodology and results of a qualitative review of Canadian strategies on homelessness. Findings demonstrate the relative invisibility of aging in most strategies, as well as a general lack of direction on how to meet the needs of older people. We discuss variations that exist among extant strategies and highlight the plans that do consider older people’s needs. We conclude with a call to include older people in plans to end

homelessness, and the need for a cross-Canada discussion about the needs that occur at the intersections of income, housing, and support for older people who are homeless or at risk of becoming so.

Context: Older Homelessness in Canada

There is a small but emerging literature on homelessness among older people, but what does ‘older’ mean in the context of homelessness? Chronological age is often used to determine eligibility for social policies and programs. While the typical age-based threshold for the programs targeted toward older people is 65, research suggests that age-based criterion can create gaps for older people who are homeless. This is in part because people with lived experience of homelessness tend to experience ‘age-related impairments’ when they are approximately 10 years younger than the general population (Cohen, 1999; Gonyea, Mills-Dick, & Bachman, 2010; Hibbs et al., 1994; Hwang et al., 1998; Morrison, 2009; Ploeg, Hayward, Woodward, & Johnston, 2008). As such, individuals aged 64 and under are often ineligible for seniors’ programs and benefits. The other issue is the aging of populations who are already homeless, who may face increasing challenges as they age. Our review of the literature on homelessness among older people suggests that age 50 is the most appropriate inclusive threshold where policy and planning is concerned (Grenier, Barken, Sussman, Rothwell, Lavoie, & Bourgeois-Guérin, 2016; see also Cohen, 1999; Garibaldi, Conde-Martel, & O’Toole, 2005; Gonyea et al., 2010; McDonald, Dergal, & Cleghorn, 2007; Ploeg et al., 2008; Shinn et al., 2007), and is thus the age-boundary used in our work.

Although this age base of 50+ is helpful as a parameter for research and practice, it can somewhat obscure important differences that exist within the sub-population of older homelessness. Older people typically experience one of two types of homelessness: they are

either homeless throughout their lives, or at some point, and continue this pattern as they age (i.e., chronic or episodic homelessness), or they become homeless for the first time in later life (i.e., late life homelessness) (Grenier et al., 2016). The trajectories of these two groups suggest different programming needs for support and rehousing (i.e., longstanding mental health issues and/or substance use). However, at a macro level, they may be considered to have somewhat similar needs where stable income, safe affordable housing, and the availability of health and social support are concerned. These shared needs, and the gaps within existing structures, will likely become increasingly apparent as groups who are currently homeless grow older (i.e., those currently in their mid to late 40s), and others fall into homelessness later in life as a result of poverty, the lack of affordable housing, medical issues, loss of a spouse, violence, gambling, or eviction. International research suggests that the second type of homelessness—late life homelessness—is becoming increasingly common (Crane et al., 2005; Shinn et al., 2007). Crane et al. (2005), for example, found that only a third of older homeless people in the United States, England, and Australia had experienced homelessness throughout the life course, while two-thirds were new to homelessness in later life. It is this phenomenon of new homelessness, combined with the aging of the homeless population (including those nearing age 50), that underscores the importance of accounting for older people's needs.

It is difficult to assess exactly how many older people are homeless in Canada. Estimates suggest that Canada's homeless population ranges from 150,000 to 300,000 (Laird, 2007; Goering et al., 2014),¹ and that approximately 9% of the visible homeless population are over the age of 55 (SPARC BC, 2005). However, recent data from homeless counts across the country suggest these numbers are on the rise. In Montreal (our study site), the 2015 homeless count

¹ The lower number is a conservative estimate given by government sources, and the higher number is proposed by advocates and non-governmental sources in order to account for the rapid growth in municipal homelessness and persons who may not use homeless services (Laird, 2007).

identified people aged 50+ as the largest proportional group of homeless persons at 41% of the total, compared to 39% for those aged 31-49 and 19% for those ages 30 and less (Latimer McGregor, Méthot, & Smith, 2015).² Similarly, the 2013 Toronto report states that the senior share of the homeless population (aged 61 or older in this case) has doubled since 2009 (from 5% in 2009 to 10% in 2013), with the group aged 51+ increasing from 20% in 2009 to 29% in 2013 (City of Toronto, 2013). The 2014 homeless count in Vancouver found 14% of total homeless persons (sheltered and unsheltered) to be in the 55-64 age category, and 4% in the 65+ category (Greater Vancouver Regional Steering Committee, 2014), for a total of 18% for those aged 55+. Meanwhile, Calgary found 134 persons aged 65+, which represented 4% of their 2014 count (Calgary Homeless Foundation, 2014).

Although the age of mortality among homeless people has been cited as 39 years (Trypuc & Robinson, 2009), the age demographic of the homeless population is shifting along with the Canadian population. Where older people represent a minority of the homeless population in some cities and regions across the country, the age structure is rapidly increasing in others (see Culhane et al., 2013 for data on the United States). In some cases, homelessness may be mitigated at age 65 upon qualification for programs such as Old Age Security and some Assisted Living Programs (ESDC, personal communication, 2015). However, the possibility to ensure stable housing for older people will rely on affordable housing and other supports related to substance use, health, and social care. Moreover, contemporary lifecourse trajectories of insecure employment, low pension contributions, high health care needs, and experiences of violence

² In terms of comparisons between cities, Montreal's point in time count outlines that Montreal has a smaller total number of persons who are homeless than Vancouver, Calgary, Edmonton and Toronto. Montreal does however, have more people who spend the night on the streets than Toronto or Calgary, and less than Vancouver or Edmonton.

(especially among women) may create a level of precarity that makes it difficult to secure and maintain permanent housing in later life.

While the portrait of those new to homelessness in late life is emerging, the state of knowledge on older homelessness points to complex needs that will require targeted strategies. Relative to younger groups, older people tend to have unique needs regarding safety and access to housing, health and social services (Grenier et al., 2016). Older homeless people are more likely than their younger counterparts to have mental and physical health concerns, and may require access to specialized medical care beyond what is available in shelters (Dennis, McCallion, & Ferretti, 2012; Gonyea et al., 2010; Kellogg & Horn, 2012; Lipmann, 2009; Martins, 2008; Ploeg et al., 2008; Power & Hunter, 2001; Quine, Kendig, Russell, and Touchard, 2004). For example, Garibaldi et al. (2005) find that those over 50 were 3.6 times more likely than younger homeless people to suffer from a chronic medical problem, such as those reported by a Toronto study (e.g., vision, arthritis, dental problems, and back problems) (McDonald, Dergal, & Cleghorn, 2004). Further, Kim, Ford, Howard, & Bradford (2010) find that the likelihood of having mental health problems doubles for homeless people over the age of 42. The myriad mental and physical health conditions that older homeless people experience, combined with shelters that are often inaccessible and/or ill-equipped to meet older people's needs (Serge & Gnaedinger, 2003), make the needs of older people who are homeless particularly urgent. Add to this that older people are typically homeless for longer periods than younger people (Caton et al., 2005; Rothwell, Sussman, Grenier, Mott, & Bourgeois-Guerin, 2016). Their unique needs, combined with shifting age structures, underscore the urgency of understanding and responding to the needs of older people who are homeless, or at risk of becoming so in late life. A review of

the extent to which older people were included in planning efforts to end homelessness was thus in order.

Methodology

This paper outlines the results of a qualitative survey of government planning documents on homelessness at local, provincial and the federal levels. In total, we reviewed 42 homelessness strategies from across Canada. This review is part of a larger project, funded by the Social Sciences and Humanities Research Council of Canada, and designed to understand and account for the needs of older homeless people in Canada. Our analysis of policy documents was based on two questions: First, to what extent did strategies include older people? Second, what responses were suggested? Planning documents were identified through a systematic search of grey literature, conducted between January and August 2014. The search included Canadian strategies developed by government and non-profit organizations between 2002 and 2014. The start date of 2002 aligned results with The Madrid International Plan of Action and Ageing (United Nations, 2002)—an international framework intended to guide the development of global policies for older people. The Madrid Plan established the need for the inclusion of older people at all levels of social policy, recognized older homelessness as a social issue, and suggested the need to develop appropriate housing options. Therefore, 2002 was selected as an apt start date to consider the extent to which Canadian strategies on homelessness consider the needs of older people.

The grey literature search was conducted in the Canadian Health Research Collection/Canadian Public Policy (CHRC) and Canadian Health Research Index (CHRI) databases.³ After a number of attempts to identify the best search terms, we found that a

³ These databases contain monograph publications from Canadian public policy institutes, government agencies, advocacy groups, think tanks, university research centres and other public interest and research groups. They are

combined search of “homeless persons,” “homelessness,” “homeless women,” or “homeless men” produced the most relevant results.⁴ This search strategy resulted in 219 documents in CHRC and 68 documents in CHRI. Using the inclusion criteria presented in Table 1, 26 documents were identified through CHRC and five through CHRI (including duplicates across both databases). To ensure comprehensiveness, we conducted a supplementary search using a Google custom search engine for Canadian government documents.⁵ This search used the same key words and resulted in 310,000 documents, with the most relevant documents appearing first. A review of the first 55 documents identified 14 documents that met our inclusion criteria. Three additional documents that did not appear in the formal searches outlined above were also included. Once duplicates were excluded, the final yield was 42 documents. Of these 42 strategies on homelessness, seven were at the federal level, 13 at the provincial or territorial level, and 22 at the municipal or regional level (see Tables 2 and 3).

Table 1. Inclusion criteria for grey literature search

Written in English or French (if English and French versions of the same document are found, only the English version is included).
Written in and about homelessness in Canada.
Released in 2002 or later.
Written by or for a Canadian government or non-profit organization.
Is a strategy, community plan, policy, legislation, or program (i.e., research reports, studies, literature reviews, report cards, conference proceedings, meeting minutes, and press releases were excluded).
Is the most recent version of a document, where multiple publications exist (e.g., of the 2003 and 2007 Regina Community Plan, only the 2007 version is included).

the only databases containing a comprehensive collection of Canadian policy and grey literature on health and social policy, and using them enabled us to systematically search Canadian strategies on homelessness.

⁴ Our initial search strategy employed the terms “homeless,” “houseless,” “on the street,” “unhoused,” and “shelter,” combined with “action plan,” “community plan,” “strategy,” “strategies,” “policy,” “policies,” “legislation,” “program,” and “report.” Our initial search strategy produced 24,413 documents in CHRC and 231 documents in CHRI. A preliminary manual search revealed many documents that did not focus specifically on homelessness (e.g., documents on Canada’s economy, poverty reduction, or substance abuse). The search terms were thus revised accordingly.

⁵ The Google custom search engine for Canadian government documents searches over 769 core domains at the federal, provincial and municipal levels of government (see <https://www.google.com/cse/home?cx=007843865286850066037%3A3ajwn2jlweq>).

Is a strategy on homelessness specifically, or a strategy on housing that explicitly discusses homelessness (i.e., housing strategies that do not explicitly address homelessness are excluded.)

Data analysis occurred in two stages. First, documents were read to determine whether they included any discussion of older people. Second, we conducted a computerized word search for the age-related terms “senior,” “older,” “age,” or “aging” in English and “âgé(e)(s),” “âné(s),” “vieux,” and “vieille” in French. Documents were coded and divided into three categories: 1) *no discussion of homelessness among older people*, 2) *minimal discussion of homelessness among older people*, and 3) *significant discussion of homelessness among older people*. Sections pertaining to homelessness among older people were then copied into a Microsoft Excel spreadsheet that allowed us to compare within and across the documents according to type and jurisdictional level.

Documents were included in Category One, *no discussion of homelessness among older people*, if scans and computerized searches failed to identify any references to older people. Documents that referenced older people were then reviewed and further classified according to the extent to which they articulated needs or service responses. Documents where older people were briefly mentioned among at-risk groups without elaboration were placed in Category Two: *minimal discussion of homelessness among older people*. Documents that included a discussion of the challenges, needs or circumstances of older people were placed in Category Three: *significant discussion of homelessness among older people*. The three categories were then reviewed to determine trends within and across categories and jurisdictional level (i.e., federal, provincial/territorial, or municipal/regional). The results section details the numbers of documents per category (by jurisdictional level) and illustrates the types of discussions that were taking place with excerpts from the documents.

Results: Older People in Strategies on Homelessness

Homelessness among older people

Our review of the 42 strategies on homelessness resulted in 16 documents that had no discussion of older people (38%), 22 documents with a minimal discussion of older people as a target group (55%), and only 4 documents (7%) with a significant discussion of the needs or responses to homelessness among older people. No consistent patterns were found when the documents were reviewed according to jurisdictional level (7 at the federal level; 13 provincial; 22 municipal/regional).

Table 2. Documents included, by category and jurisdictional level.

	Federal	Provincial/territorial	Municipal/Regional
Category 1. No discussion of older adults who are homeless (16 documents)	UNHCR, 2009; CAEH, 2012.	NWT, 2005; NWT, 2007; Office-Auditor General-British Columbia, 2009; New Brunswick, 2010; Alberta Secretariat, 2013.	City of Richmond, BC, 2002; City of Regina 2007; Calgary Homeless Foundation, 2008; Toronto, 2008; Social Housing in Action- Lethbridge, 2009; Toronto, 2009; Ville de Montréal, 2010; Greater Victoria Coalition, 2010; CARBC, 2011.
Category 2. Minimal discussion of older adults who are homeless (22 documents)	FCM, 2008; Subcommittee on Cities, 2008; Standing Senate Committee, 2009; Gov. of Canada, 2010; CAMH, 2014.	Gov. of Alberta, 2007; SPARC BC, 2007; Alberta Secretariat, 2008; OMSSA, 2008; Gov. of British Columbia, 2009;	Hastings County, 2003; HRSDC-Brant/Brantford, 2007; City of Nanaimo, 2008; The Homelessness Community Capacity Committee-Ottawa, 2008; Edmonton Committee, 2009;

		ONPHA, 2012.	City of Vancouver, 2011; Greater Victoria Coalition, 2012; City of London, 2013; City of Kingston, 2013; County of Renfrew, 2013; United Way of Saskatoon, 2013.
Category 3. Significant discussion of homelessness among older people (4 documents)		Gouv. du Québec, 2009; Gouv. du Québec, 2014.	L'agence de la santé et des services sociaux- Drummondville, 2011; HRSDC-Metro Vancouver, 2011.

Table 3: Number of documents in each category and jurisdictional level

Jurisdictional Level	No discussion	Minimal discussion	Significant discussion	Total
Federal	28.6% (2)	71.4% (5)	0% (0)	100% (7)
Provincial/territorial	38.5% (5)	53.8% (6)	7.7% (2)	100%(13)
Municipal/regional	40.9 % (9)	50% (11)	9.1% (2)	100% (22)
Total	38.1% (16)	54.8% (22)	7.1% (4)	100% (42)

Minimal Discussion of Older Homelessness: Older People as a Target Group

The 22 documents classified as having a *minimal* discussion of homelessness among older people typically listed older people as one of many at-risk populations (i.e., youth, Aboriginal people, and people with disabilities). When reviewed by year of publication, it would seem that there is a growing tendency in recent years to mention older people in some capacity (with some notable exceptions). The Alberta Secretariat for Action on Homelessness’s (2008) framework, titled “A Plan for Alberta: Ending Homelessness in 10 years” and the City of London’s (2013) Homelessness Prevention and Housing Plan are examples of the documents in our second category. The City of London mentioned older people as follows:

Over the past few years, we have developed strategies needed for families with children, youth, abused women, the Aboriginal population, people with disabilities, *seniors* and immigrants (City of London, 2013, 7-8, emphasis added).

Here the inclusion of older people (i.e., seniors) is an important first step toward recognizing the needs of a small but important sub-population of people who are homeless. Promisingly, the City of London’s (2013) plan mentioned the need for a “hospital to home” program. While not specifically targeting older people, this strategy could help reduce homelessness among older people who end up in shelters after having been released from hospital. Yet, where approximately one-third (eight) of the strategies in our second category included specific illustrations of the needs of the named target groups (i.e., Aboriginal people,

women, and individuals with disabilities) detailed examples with regards to older people were notably absent.⁶ Another third (seven) of the documents in our second category did not outline strategies for any target groups.⁷ The Alberta Secretariat (2008), for example, included older people as a specialized group in need of support. However, the document had no suggested approaches for *any* listed target groups:

Those from specialized groups – such as those with mental illness, those with addictions, victims of violence, *seniors*, those with disabilities, and homeless youth – are dealing with particularly challenging issues, and require special support to help address their unique situations. Targeted responses are required to effectively re-house homeless people from these specialized groups (Alberta Secretariat for Action on Homelessness, 2008, 13, emphasis added).

In summary, the minimal inclusion of older people in 22 of 42 strategies on homelessness, although typically limited to recognizing older people among several target groups, is an important step in raising awareness of homelessness in later life, and the specific needs that may be experienced by this group.⁸ However, strategies in this minimal category would be significantly strengthened by illustrations or examples of older people's needs. An effective response to homelessness among older people will require strategies that extend beyond

⁶ Hastings County Social Services, 2003; HRSDC-Brantford, 2007; SPARC BC, 2007; The Homelessness Community Capacity Building Steering Committee, 2008; Edmonton Committee to End Homelessness, 2009; Greater Victoria Coalition to End Homelessness, 2012; City of London, 2013; CAMH, 2014.

⁷ Government of Alberta, 2007; Alberta Secretariat for Action on Homelessness, 2008; City of Nanaimo, 2008; OMSSA, 2008; City of Vancouver, 2011; ONPHA, 2012; United Way of Saskatoon and Surrounding Area, 2013.

⁸ Among the documents classified as having a minimal discussion of homeless among older people, the final third (n=7) strategies included discussions of older people, but in relation to housing more broadly rather than homelessness specifically (FCM, 2008; Subcommittee on Cities of the Standing Senate Committee on Social Affairs, Science, and Technology, 2008; Government of British Columbia, 2009; Standing Senate Committee on Social Affairs, Science and Technology, 2009; Government of Canada, 2010; City of Kingston and County of Frontenac, 2013; County of Renfrew, 2013). These strategies do not address the circumstances of older people who are actually experiencing homelessness. While recognizing older people's housing needs is an important step, considering the circumstances and needs of older people who are homeless, and developing strategies that respond to these needs, is necessary to reduce and ultimately eliminate homelessness among older people.

recognition. Responses must also consider the complex needs that occur at the intersections of health, income support, housing, and support/care, and develop guidelines and resources that will lead to appropriate services for older people.

Significant Discussion of Homelessness Among Older People

Only four of the 42 documents contained a significant discussion of older people's needs: the Government of Quebec's Inter-ministerial Action Plan on Homelessness (2009), the City of Drummondville's Community Plan on Homelessness (2011), the HRSDC Homelessness Partnering Strategy Plan for Metro Vancouver (2011), and the Government of Quebec's National Policy on Homelessness (2014). This section responds to our second question for the policy analysis: *What responses were suggested to homelessness among older people?* In other words, how did the identified strategies discuss the needs of older people? Documents in our third category included examples of challenges that are consistent with the literature on homelessness among older people. These included the need for appropriate housing and supports, accessible services, and an acknowledgment that contemporary conditions (e.g., insecure work, immigration, lack of affordable housing, etc.) may impact the numbers and experiences of people who are homeless after age 50 (Crane & Warnes, 2010; Culhane et al., 2013; McDonald et al., 2007; Morris, Judd & Kavanagh, 2005). Illustrations from each of the plans are provided to summarize the discussions that are taking place and to give examples of how older people can be included in the initiatives to end homelessness across the country.

Documents in our third category discussed the risk of homelessness in late life and distinguished between the needs of older and younger people. While we recognize that mention of a particular group does not equal implemented policies or programs, recognition of a sub-population is both an important visioning exercise for policy development (i.e., how responses

should look), and more practically, the foundation from which to act in the context of hyper-targeted social policy. Quebec's National Policy on Homelessness (2014) outlined the needs of older people in the following way:

While many older people who are homeless have experienced episodes of homelessness throughout their lives, or have 'aged on the streets,' persons working in housing are reporting a growing number of people who become homeless in later life. 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, translation by authors).^{9 10}

The HRSDC-Metro Vancouver plan (2011) similarly outlined the unique challenges that older people who are homeless experience, most notably that health problems associated with poverty could increase the risk of homelessness in late life. Likewise, the Drummondville plan (2011) recognized the complex physical and mental health needs of older people, and the challenges they face in accessing appropriate care:

Older service users have complex needs and challenges. Older people for example, have important physical health needs that can accompany the more common mental

⁹ The original version of this quote appears in French: Les personnes âgées en situation d'itinérance ont souvent connu des épisodes d'itinérance ou ont vieilli dans la rue mais, selon les responsables de ressources d'hébergement, un nombre grandissant y arrive tardivement. Ils sont massivement en mauvaise santé (physique, psychologique, cognitive); ils vieillissent prématurément et présentent un taux de mortalité de trois à quatre fois plus important que l'ensemble de la population . . . Il s'agit d'un groupe particulièrement vulnérable financièrement et socialement (victimisation, maltraitance, isolement) (Gouvernement du Québec, 2014, 14-15).

¹⁰ Note that Quebec has now followed up the provincial strategy with an action plan, also inclusive of persons aged 50+. See Gouvernement du Québec (2014). *Mobilisés et engagés pour prévenir et réduire l'itinérance*. Plan d'action interministériel en itinérance 2015-2020.

health issues and/or substance use. Older people face significant challenges integrating into programs and services, are often excluded due to their behavior. These challenges mean that their access to the services they need is limited, with older people either not using services, or only using them reluctantly. The circumstances of older people who are homeless seriously challenge and exceed the limits of community groups that are called upon to provide support (L'agence - Mauricie and Centre-du-Québec, 2011, 19, translation by authors).¹¹

The need for housing and support are key considerations in documents with significant discussions of homelessness among older people. Quebec's National Policy on Homelessness (2014) suggested that targeted services are necessary to stably house vulnerable groups and underscored the need for a continuum of housing and support services:

Housing must be offered on a continuum that takes account of the specific needs of particular groups, including women, older people, or persons with mental health issues (Government of Quebec, 2014, 36, translation by authors).¹²

Similarly, HRSDC's Metro Vancouver plan (2011) outlined the complexities of older people's experiences, the need for housing and support, and advocated for the development of appropriate services for older people who are homeless or at-risk of becoming homeless in late life:

¹¹ The original version of this quote appears in French: On constate un accroissement du nombre de personnes présentant des problématiques multiples chez la clientèle plus âgée, comme chez les plus jeunes. Ces personnes éprouvent des difficultés importantes à intégrer des groupes de soutien ou d'entraide, ou s'en trouvent exclues en raison de leurs comportements. Les difficultés liées à l'encadrement de ces personnes ont pour effet immédiat de limiter leur accès à la plupart des services dont elles peuvent avoir besoin. Services qu'elles n'utilisent pas, ou seulement avec énormément de réticences. À la combinaison courante de troubles mentaux et de problèmes de toxicomanie s'ajoute, dans la population itinérante vieillissante, l'émergence de problèmes de santé physique importants réclamant des soins. La situation de cette population représente des défis d'intervention qui dépassent souvent les limites des groupes communautaires appelés à les soutenir (L'Agence de la santé et des services sociaux de la Mauricie et du Centre-du-Québec, 2011, 19).

¹² The original version of this quote appears in French: S'assurer d'un continuum dans l'offre de logement qui tienne compte des besoins spécifiques de certaines personnes, notamment les femmes, les personnes âgées ou celles présentant un trouble mental (Gouvernement du Québec, 2014, 36).

Seniors on fixed incomes and/or dealing with medical challenges such as the onset of dementia face specific challenges in finding housing. For example, single room occupancy units are not suitable for many seniors. Due to the variety of senior's health concerns and overall declining health, *specialized housing with supports is needed*. Some seniors are reluctant to ask for help and will give up if it is too hard to access services. This means that services must be brought to them where possible. When seniors are forced to move, it can create hardship as they lose important social networks and don't know how to access services (HRSDC, 2011, 29-30, emphasis added).

Echoing this theme, Quebec's Interministerial Action Plan (2009) recognized that older people are particularly vulnerable on the street, and underscored the need for targeted housing and healthcare:

Older people are also particularly vulnerable to situations of victimization (abuse, theft, etc.). It is therefore appropriate to adjust responses to the realities of older people, notably by offering them housing and adequate health care (Government of Quebec, 2009, 19, translation by authors).¹³

Finally, the Drummondville plan (2011) focused on the need for accessible services that are amenable to older homeless people, who may be aging with disabilities and/or health issues:

There is a need to more carefully consider and address the needs of older people who are homeless (physical handicaps, etc.), most notably through improved access (e.g.,

¹³ The original version of this quote appears in French: Les personnes âgées seraient aussi particulièrement vulnérables aux situations de victimisation (mauvais traitement, vols, etc.). Il y a donc lieu d'ajuster les interventions à la réalité des personnes âgées en leur offrant notamment des logements et des soins de santé adaptés (Gouvernement du Québec, 2009, 19).

automatic doors; meal services; vehicular adaptation) (L'agence-Mauricie and Centre-du-Québec, 2011, 2011, 9, translation by authors).¹⁴

The four plans in this category also drew attention to the challenges that may exist in moving forward with an agenda to develop appropriate services. These include the importance of recognizing the unique needs of older people (Government of Quebec, 2014, 15), develop appropriate facilities and targeted supports (HRSDC, 2011), and/or adjust eligibility criteria so that homeless people aged 50+ can access services geared to their needs. This discrepancy between the needs of older people and available supports is clearly outlined in HRSDC's Metro Vancouver plan (2011):

. . . just as the needs of homeless youth cannot be met in adult facilities, the needs of people who are aging on the street can no longer be served by the facilities that they have relied on in the past. Accordingly, the community has identified the need for specific facilities and supports to respond to the unique needs of underserved populations in the region, including but not limited to women, youth, seniors, and Aboriginal peoples, and people with disabilities (HRSDC, 2011, 37).

In sum, the four documents that included a significant discussion of older people's needs establish important foundations from which to address the needs of older people who are homeless. Perhaps unsurprisingly, three of these documents originate from the province of Quebec where the demographics have rapidly shifted to include an age structure comprised of greater numbers of homeless people who are 50+, and one from the city of Vancouver, known to have both a lack of affordable housing and large numbers of homeless people. While reflecting

¹⁴ The original version of this quote appears in French: Une plus grande capacité de prendre en considération la situation des personnes itinérantes vieillissantes (handicaps physiques, etc.), notamment par l'amélioration de certaines immobilisations (ouverture automatique de portes, aide au transport des plateaux, véhicule adapté (L'Agence de la santé et des services sociaux de la Mauricie et du Centre-du-Québec, 2011, 9).

geographic realities, these four examples are forward-thinking in their considerations of the implications of population aging, and could be used as a foundation for a Canadian agenda on homelessness that is inclusive of diverse groups of older people who are homeless, or at risk of becoming so.

Discussion

Policies on homelessness are increasingly sophisticated in their recognition of the various facets that present unique challenges for diverse sub-groups—including Indigenous people, women, and individuals with disabilities. Yet, our review reveals that the needs of older people are mainly absent from the discussions, strategies and plans to end homelessness across Canada. That is, the needs of older homeless people have not been identified within the majority of government planning documents surveyed in this review, or within the 61 community action plans developed under the Homeless Partnering Strategy model.¹⁵ Yet, the emerging portrait of homeless people aged 50+ is a call to action. While older people may not have been considered the highest priority due to small numbers and scarce resources, the shifting age profile, together with the international evidence of late life first time homelessness, draw attention to the cumulative impacts of disadvantage and inequality across the lifecourse. They also underscore the problems that exist at the intersections of income, housing, and health and social care—structural complexities that have yet to be addressed. Our concern is that without recognition, the needs of older people may be overlooked.

Meeting the needs of older people who are homeless will require that older people are recognized as a subpopulation and included in the strategies designed to end homelessness across

¹⁵ Our rapid review of community plans for 2014-2019 found that only nine of the 61 plans for designated communities name older people as a sub group (ESDC, personal communication, Nov 10, 2014). Note that the community plans are in the process of being developed. The number reported in this article (61) therefore reflects the plans that were available as of January, 2015.

the country. If recognition as a subpopulation does indeed play a role in establishing targets, priorities, and meeting need, this oversight will become increasingly problematic as Canada's population ages—something we are already witnessing in the homeless counts of Toronto and Montreal. A failure to include older people in planning documents and community action plans across the country can sustain the widespread invisibility of older people and result in a paucity of programs to meet their needs. Although our methods do not allow us to discern the reasons for the oversights, potential reasons include: regional differences in the age profile of homeless people; a failure to consult or 'count' older people who have been homeless (i.e., reaching the 'hidden' homeless through groups that work with marginalized seniors); the fact that older people are considered to constitute a relatively small proportion of the overall homeless population; the relative invisibility of 'age' as a social location; political considerations on aligning with older people's interests (i.e., a reluctance for homelessness to become an 'older persons' issue); an assumption that existing programs and services will meet older people's needs (i.e., public pensions); and gaps in knowledge concerning the needs of older people.

Our review suggests that a greater recognition of older people's needs may be on the horizon, but that there is still a good deal of work to do. A number of strategies on homelessness are beginning to identify older people as a sub-population, with those written in more recent years likely to mention older people in some capacity. While the inclusion of older people in strategies to end homelessness is a promising first step, the majority of responses were limited because they did not articulate specific needs and directions for change. An approach to address homelessness in Canada not only requires that older people be included as a sub-population within homelessness, but that the intersections among target groups be more carefully considered, especially where the aging of groups currently over-represented are concerned.

Approaches to homelessness have moved from a general identification of the problem to more detailed understandings of the needs of specific sub-populations. Older people, and the aging of populations who are currently homeless must be the next consideration (Grenier et al., 2016). Here, we suggest a ‘lens of inclusion’ that is cognizant of age and the life course. This would require initiatives to understand the impacts of cumulative disadvantage and assess how available structures and programs meet (or do not meet) the needs of at-risk groups. Strategies must account for heterogeneity among older homeless people with regards to geographic location, pathways through homelessness (i.e. chronic/episodic or new), gender, “race”/ethnicity, immigration, and health status. A consideration of diverse acquired conditions (e.g., health or ‘age-related’ issues) and the impacts of inequality (i.e., advantage/disadvantage) is therefore necessary in order to address the needs of diverse groups of older people who are homeless.

Discussions of the unique and complex needs of older people must become more central in the strategies to end homelessness that are being developed and/or are already underway across the country. For example, older people should be included in the call for a national homeless strategy and discussions of Housing First (see ESDC, 2015). The national strategy advocated by Gaetz et al. (2014), for example, mentions older people in relation to challenges associated with the decline in affordable housing, but does not include older people as a subpopulation, or consider the impacts of the shifting age structure. Likewise, few of the findings and reports from *At Home/Chez Soi* or the Community Action Plans discuss the needs of older people (ESDC, personal communication, Nov 10, 2014). A Canada-wide effort to recognize older people in municipal, provincial, and federal strategies to end homelessness would represent an important commitment to diverse groups of older people. Currently, the province of Quebec and the City of Vancouver are providing leadership through their inclusion of older people.

Canada could also look to international guidelines designed specifically to meet the needs of older homeless people (Crane & Warnes, 2007; CSH and Hearth, Inc., 2011; Pannell & Palmer, 2004; Shelter Partnership, Inc., 2008; Victorian Government Department of Human Services, 2010). While the development of plans that recognize homelessness among older people is an important first step, it will be necessary to closely follow the implementation of actions in coming years, especially in the context of population aging.

Meeting the complex needs of older people who are homeless will require initiatives that cut across the traditional boundaries between social services, health care, income support, and housing (see Smith, 2004). At present there are at least six different departments responsible for seniors' programming at the federal level (Wister & McPherson, 2014) and these may or may not align with provincial and municipal agencies and with homeless services. The barriers to developing appropriate services for older people who are homeless, therefore, may in part be a result of institutional structures related to programs, eligibility, and budget allocation. Yet, inaction is especially problematic because older people are particularly vulnerable on the streets and in shelters. Seniors' ministries in the federal and provincial governments are intended to act as a safeguard for older people, to ensure that their needs are met even when these needs cut across various departments and ministries. It is therefore essential that provincial and federal ministers responsible for older people add homelessness to their agenda and be at the table to represent older people when homeless strategies are drafted. In 2015, the Federal Minister of State for Seniors announced plans to work closely with community groups to ensure that vulnerable older people, including those who are homeless, receive the full Canada Pension Plan and Old Age Security benefits for which they qualify (ESDC, 2015, Jan 16). However, such programs that address access may only address part of the problem. Continued action is

necessary to address the shifting age structure of the homeless population, and the needs of particular groups who have limited pension contributions (e.g., people with unstable employment due to mental illness, women, and immigrants who moved to Canada in mid- to later life). In addition to income security, it is also necessary to ensure access to safe, affordable housing, and ensure that health and social supports are available, so that older homeless people have access to health and well-being in late life.

Conclusion

Canadian planning documents at the local, provincial and federal level fall short where the inclusion of older people (aged 50+) is concerned. Our review underscores the need to recognize and integrate the concerns of older people in the various strategies being developed and implemented across Canada. This would involve: including older people in prevalence counts; ensuring that older people's needs are represented in HPS community plans, consultations, and initiatives; recognizing the shifting age structure, and the link between precarity in late life and new homelessness; and developing targeted services that are appropriate for older people. A broad-based initiative, such as a national strategy on homelessness developed from a lens of inclusion, could call attention to the needs of older people who are homeless. The multitude of strategies that exist across jurisdictional levels, however, suggest that the needs of older people must also be included in the provincial and municipal level plans that are already in development. This would include the Housing First program that is rolling out across the country. Any initiatives to include older people, however, must also account for diversity in relation to trajectories (i.e., chronic or new to homelessness), context or region, and social location. For example, strategies must outline the different needs of older people who are

homeless in rural and urban communities, and amongst subgroups of older people where needs may differ based on gender, Indigenous status, sexual orientation, and migration.

We suggest that Canada, and governments at all levels, consider international initiatives that address older homelessness through the development of permanent housing, with integrated health and social supports, as well as consider the risk profiles and precarious experiences that can lead into first time homelessness in late life. Yet, housing is only part of the solution. International evidence suggests that models of affordable housing that are accompanied by support hold promise for meeting older homeless people's complex needs. International initiatives also give insight into some of the challenges other countries have faced in developing permanent supportive housing for older homeless people. For example, safe and affordable housing stock may be limited, and while permanent supportive housing could meet the needs of many older people experiencing homelessness, some will have needs for care that exceed what may be offered through such programs. In particular, some older homeless people with complex mental and physical health problems may require appropriate long-term care.

Creating a plan that includes both a general approach to prevent and address homelessness among older people, and the development of services for specific complex situations, would represent a major step forward in addressing the needs of older people who are homeless or who are at risk of becoming homeless for the first time in late life. Given the variability in permanent supportive housing models across Canada (Social Data Research Ltd./Pollara, 2005), we suggest that a Canadian initiative recognize the shifting age profile of homelessness and begin with targeted research and funding on homelessness among older people in order to develop a solid knowledge base and cooperation among income, housing, health, and social care sectors. This will establish a strong foundation from which to develop policies and

programs to reduce and ultimately eliminate homelessness among older people at present, and in years to come.

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