OACC

Older Adult Council of Calgary

Position Paper

Older Adults and Homelessness

In partnership with:

The population of older adults experiencing homelessness in Calgary is growing quickly, and housing and service providers need to understand how best to help this highly marginalized group of people. Given this context, more systemic efforts need to be made to prevent homelessness before it occurs.

Preface

Calgary's older adult population is increasing quickly as the first wave of the baby boomers reached 65 in 2011. As of the 2016 census, there were 138,405 individuals over 65 in Calgary, or 11% (Statistics Canada, 2017). Projections estimate that by 2026, there will be 206,000 individuals over 65, which will rise to 287,000, or 15% of the population, by 2042 (City of Calgary, 2017; City of Calgary 2016).

Services and programs, especially for vulnerable older adults, will need to keep up with this increase in demand. Conscious of this, the Older Adult Council of Calgary created a series of position papers to look into key issues of concern to this growing population, with a focus on more vulnerable older adults. This paper focuses on arguably the most marginalized group of older adults: those experiencing homelessness.

Introduction

Homelessness can affect individuals of any age, but older adults face unique vulnerabilities. People who have experienced episodic or chronic homelessness throughout their life can seem to age prematurely, or be "functionally geriatric." There are also some people who experience homelessness for the first time as an older adult (Burns, 2016; McDonald et al., 2007). Many of these people are stigmatized multiple times: by age; by homelessness; by mental health issues, or; by substance abuse. They are extremely marginalized and vulnerable because of this. And although there has been a great amount of work on homelessness in Canada over the past decade, many strategies and frameworks do not give much attention to older adults (Burns et al., 2012; Barken et al., 2016).

The purpose of this paper is to examine the key aspects of older adult homelessness, its causes, challenges for housing and services providers and possible solutions and recommendations to make life easier for this group of older adults.

DEFINITIONS

Homelessness

Defining homelessness is complex and can be difficult to define. The Canadian Observatory on Homelessness (2012) has produced a definition and typology in collaboration with national, regional and local stakeholders. It states that homelessness can be described as the "situation of an individual or family without stable, permanent, appropriate housing, or the immediate prospect, means and ability of acquiring it" (Canadian Observatory on Homelessness, 2012). In reality, this means that people could be living in a variety of living situations, including rough sleeping on the streets or in cars, in emergency shelters, in temporary accommodations or those who are at risk of homelessness.

"Functionally Geriatric"

People who have faced homelessness age more quickly than the general population. In general, homeless people are said to be physiologically old at around age 50 (Demallie et al., 1997; Rota-Bartelink and Lipmann, 2007; McDonald et al., 2007). This means that they have lost the ability or potential capacity to perform daily activities and tasks that can be normally expected of others, be it biological, psychological or social. The actual percentage of Calgarians over 65 who were experiencing

homelessness during a point-in-time count is reported at 4% (Campbell et al., 2017), but there were 40% between 45 and 64. These percentages increased from 2014: a 7% increase for the 45-64 age group and 16% for the 65+ age group (Campbell et al., 2017).

Responsive Behaviours

Responsive behaviours refer to problematic or disruptive behaviours that older adults with dementia, mental health, substance use and/or other neurological disorders can exhibit. This is the preferred term to describe how actions, words and gestures of older adults are a response to something important in their personal, social or physical environment (Alzheimer Society of Ontario, 2014).

Reasons and Risk Factors for Homelessness in Older Age

Most reasons for homelessness in older age are either financial or health related (Hoffart and Cairns, 2016). Some individuals do not have enough income, or cannot find affordable housing, and others suffer from a decline in physical health, or have mental health issues. This can be compounded by being exposed to violence and abuse and/or family and relationship breakdowns (MacDonald et al., 2007). Many are living with more than one of these conditions and need a complex set of supports to live independently. Those living with mental health issues (depression, anxiety, delusion and delirium are the most common among Canadian older adults) often also are dealing with addiction issues (Hoffart and Cairns, 2016; Bottomley, 2001). Individuals who have experienced homelessness throughout their lives also have more health concerns as a result of this lifestyle (Gelberg et al., 1990). These people are at an increased risk of eviction without adequate supports. This creates a difficult and dangerous loop: mental health issues can cause addiction issues and addiction issues can cause homelessness. Mental health diagnosis is often difficult in this population, as active addictions can mask symptoms. Even though research shows that certain subpopulations are more at risk of homelessness than others, such as immigrant, LGBTQ2S, Indigenous and racialized and visible minority older individuals, there is also little research done for these groups as they age (Grenier et al., 2016).

Older Adult Homelessness is a Growing Concern

Within Calgary, the older adult homeless population is also growing. Individuals over 45 are the fastest-growing segment of the Calgary Drop-In Centre's population, increasing from 20% to 60% over the past 15 years (Rowland and Hamilton, 2016). A staggering 23% of the homeless population in Vancouver was over 55 in 2017 (BC Non-Profit Housing Association and M. Thomson Consulting, 2017).

As the percentage increases, so will the actual numbers, as the Baby Boomers are now entering their retirement years. Many homeless individuals in the 45-64 age group are functionally geriatric, or will quickly decline to become so over the next decade. This constitutes a large percentage of the homeless population, and housing and service providers need to be prepared for this increase. Many homeless older adults will need on-site, resource-intensive supports, as each individual will have complex issues. Estimates of housing and social service costs for older adults with severe addiction and mental health issues are $55,000 per individual annually (Collins et al., 2012). Even though individuals with serious mental illness die, on average, 25 years prematurely, with the leading causes being chronic tobacco-related diseases (Colton and Manderscheid, 2006), many are surviving into older age with appropriate supports.

Appropriate supportive housing is already proving a challenge for this group. Calgary's affordable seniors' housing providers are less likely to be able to deal with their complex conditions, especially

those with active addictions. Those that do, such as Trinity Place Foundation's Peter Coyle Place in Calgary, have extremely long wait lists. The Calgary Homeless Foundation reported that they housed 56 individuals over 65 over four years between 2012 and 2016 (2% of the total housing during that time), while they house 391 (12%) between the ages of 55 and 64 (A. Jadidzadeh, Personal communication, September 22, 2017). The vast majority of these individuals self-reprorted addiction, mental health issues or both.

Nationally, there are now more older adults using shelters than there are youth (National Shelter Study, 2016). While the percentage of older adults 50+ in shelters is 24.4% of all users, the actual number of older adults 65+ using shelters has nearly doubled from 2,244 in 2005 to 4,332 in 2014 (National Shelter Study, 2016). Lengths of stays in a shelter have also increased for older adults, with 65+ staying the longest (average of 23.5 days) with the 50-64 age group close behind (average of 18.1 days) (National Shelter Study, 2016).

Gender Matters

There are significant differences when discussing gender in homeless older adult populations. The vast percentage of older adult shelter users are male (approximately 80-20), although women's violence and abuse shelters were not included (National Shelter Study, 2016). Older men are more likely to become homeless after they lose employment, while with older women, it is family breakdown that is the leading cause. Women, who face poverty more often than men do, are more likely to become homeless for the first time in later life (McDonald et al., 2007). As a result, they are less likely than longer-term homeless individuals to understand and access shelter and medical services available to them (McDonald et al., 2007).

Lack of Affordable Housing for Homeless Older Adults

There are few housing providers that are equipped to properly serve the older adult homeless population (Burns, 2016). More traditional affordable seniors housing providers often end up evicting these individuals as they are too resource-intensive and too disruptive to the community. Private landlords often do the same. Many end up in extensive stays in homeless shelters, or going back and forth between shelters and hospital stays. This population in particular needs specialized housing, with wraparound, onsite, intensive and integrated supports.

Mental Health and Addiction Issues

Homeless individuals often have a history of mental health and/or addiction issues. A 2002 study on Toronto's homeless found that 67% had a history of mental health issues (Goering et al., 2002), while a 2002 Calgary Homeless Foundation data found 67% had a substance abuse issue (Schiff et al., 2007). Many have been living with these issues for several years, which has led to precarious housing situations where evictions are common. There are individuals who have lived with mental health issues and are aging into the older adult sector, while there are others who experience mental health issues for the first time in their lives when they are older. Diagnosis of mental issues can be delayed or missed in the homeless population, and can also be compounded by the appearance of active addictions. This is not helped by a health care system that is set up to treat addictions and mental health issues as separate health concerns. As such, clinical assessments for this population need to be flexible in order to ensure proper placement.

Responsive Behaviours - Severe and Persistent

Older adults with mental health issues or active addictions often exhibit behaviours that are problematic, especially in communal living settings. This can be particularly true of those who are living with severe and persistent mental health issues. These behaviours can be aggressive and disruptive, especially if the mental health issue or addiction is not well-controlled. Hoarding is a particularly problematic behaviour and can lead to other problems, especially when there is a bed bug outbreak in a community. This leads these older adults into an unending cycle of losing their housing, often being admitted to hospital, then being sent to a homeless shelter upon hospital discharge. Often, landlords and other private housing providers do not want to rent to older adults with complex needs. In Calgary, there are few options for transitional housing to help stabilize older adults when they are discharged from hospital (Tunstall and McIntyre, 2014). Many are eligible for Trinity Place Foundation's Peter Coyle Place hard-to-house older adult program (see sidebar) but the waiting list for this community is very long. These individuals cannot wait long and need a solution quickly, or else they quickly drift back into homelessness and repeat the cycle.

When behaviours become too disruptive, housing providers need to be able to call on mental health resources to de-escalate the situation. Staff training can help, but when situations are beyond staff competencies, mental health professionals are needed. When their behaviour escalates to become a danger to themselves or others, there needs to be a streamlined and easily understood way to place these individuals quickly under a community treatment order.

Transitioning to the Senior Sector

Many older adults facing homelessness have been receiving Assured Income for the Severely Handicapped (AISH) and have been working with a case manager for years before they reach 65. When they reach this age, they move into the seniors' sector, and lose all of their supports, including their case manager. Although a transition is supposed to occur, this is usually just in the form of a letter. For some, their income also decreases, as income supports for older adults can be less than AISH.

Visiting Family with Mental Health Issues

Living in a communal setting with a mental health issue can be challenging at the best of times. However, it can also be disruptive to the community when family members with mental health or active addictions visit. Although still emerging, there is some research that suggests that certain mental health conditions can be genetic and therefore run in families (Wang et al., 2017). When family visits disrupt the community with problematic behaviours, the older adult is again put at risk of losing their housing. It is important to ensure adequate health and housing supports for these older adults, in case they either have no family support systems, or they have disruptive ones. Alberta Health Services (2017) recently introduced a clear and consistent policy on banning visitors to continuing care facilities.

Unique and Permanent Supportive Housing Model - Peter Coyle Place, Calgary

One of the only communities available to homeless older adults in Calgary is Trinity Place Foundation's Peter Coyle Place (PCP) program. Residents in this program are considered "hard-to-house" which could mean they are living with mental health issues, active addictions or brain injuries. This program is run in a Calgary Housing Company building with 70 tenants with 50 units and has been operational for 12 years. There is also a dormitory that can house 20 individuals, and some residents prefer this accommodation due to mental health issues, the fact that it is $100 a month cheaper, or simply the

comfort of having others close by. Many consider this community as an option of last resort for older homeless adults in Calgary. Residents can live here independently, even with active addictions (alcohol, drugs and tobacco) through their managed alcohol program (MAP). Residents can either self-manage, or ask to be placed in the managed program. Once in the program, they are asked to sign a contract with staff and deliver all products to the staff upon purchase. They are then provided with a daily ration, for which they have to sign when given. There is an onsite clinic that is staffed by Alberta Health Services and The Alex, a community health clinic, and homecare also has an onsite office. All rooms have accessible washrooms and are able to accommodate wheelchairs and/or walkers. There is a central area for people to eat, with a cafeteria that provides three meals a day, plus two snacks to both residents and staff. Laundry facilities are available, and laundry soap is pre-loaded into the machine for efficiency. Average 2015-2016 wait times for housing in Peter Coyle are from one-and-a-half to two years for men and six months to a year for women (Hoffart and Cairns, 2016). Beyond the obvious quality of life enhancements, it costs just $75 per day to house an individual at Peter Coyle Place, as opposed to $300 per day in long-term care or $1,267 per day in hospital (Hammond et al., 2016).

A recent evaluation has shown the program to be very effective for the homeless older adult population, with 92% of residents being assessed as high to very high acuity. They are able to remain permanently housed at Peter Coyle Place with supports for an average of four years (Hoffart and Cairns, 2016). The evaluation found that residents came from three main places: 34% came directly from a hospital; 24% from an emergency shelter; and 26% were in precarious rental housing. Of the 34% who came from hospital, many were sent there from a supportive living community and were not allowed to return there after their hospital stay. Many residents also suffer from physical health problems as well, and when these conditions progress too far, residents need to leave PCP for long-term care, which is often ill-prepared for their complexity. The average age was 61, and 71% were male, while 29% were female. Ninety-two percent of the residents were Caucasian, so there was a distinct lack of diversity in the residents. Residents received an average 18 days of support monthly depending on levels of acuity, demonstrating the resource-intensive nature of the work and complexity of needs. For 70 residents, there are eight support staff, a social worker and a team lead, which is considered to be too few.

POSSIBLE SOLUTIONS

Prevention

Prevention of homelessness for this population is a much better solution than dealing with homelessness. If older adults with mental health issues can be identified, assessed and diagnosed early (see OACC's position paper on Strengthening Outreach and Health Services for Older Adults with Mental Health Issues) they have a much better chance at retaining adequate housing and avoiding homelessness. Access to timely treatment services can still be an issue, however, even when individuals are identified.

Inter-sectoral Solutions

As homeless older adults have many challenges, it is best to adopt an intersectoral approach to providing them with services. This means engaging the affordable housing, seniors, health (including AHS specialized services and primary care networks), homecare, EMS, pharmacy and government assistance programs at a minimum. One example of this is the Calgary Homeless Foundation, which maintains a coordinated access and assessment (CAA) list (Calgary Homeless Foundation, 2017). Representatives from community and health agencies meet regularly to discuss individuals in this list

and triage them for housing according to the highest needs. Although this is not targeted to older adults, many who are functionally geriatric with complex conditions appear on the list. An assessment tool known as the Service Prioritization Decision Assistance Tool (SPDAT) is used, where individuals are asked to self-assess their mental health conditions. As of September 6, 2017, there were no individuals over 65 on the wait list, while there were 27 aged 45+ with significant mental health conditions on it (S. Richardson, Personal communication, September 6, 2017). This represented over a quarter of the wait listed individuals over 45. Even with this system in place, however, some individuals will still fall between the cracks.

Senior-Specific Shelters

Research indicates that many older adults do not like accessing existing shelters due to reasons such as overcrowding, noise, risk of theft or violence, or they feel the shelter location is in an unsafe area (Lipmann, 2007; *Sheltering Homeless Seniors*, 2013). They also often suffer from complex medical needs, such as mobility issues or needing oxygen, that makes living in a shelter difficult. In one study on first-time older homeless women, participants wanted shelters to be more less institutional and more like a home, and wanted their privacy protected (McLeod and Walsh, 2014). Unfortunately, shelter stays have increased for the shelter population over 50 and they spend eight to nine days longer in a shelter than individuals under 50, which shows that finding more stable housing options for them is more difficult (National Shelter Study, 2016). For these reasons, a senior-specific shelter is considered a best practice. In Calgary, Kerby Rotary Shelter is one of two Alberta emergency shelters dedicated to older adults where they can stay longer to give them the opportunity to transition to more stable housing. Kerby currently has nine beds for elder abuse (funded by the Ministry of Community and Social Services) and 10 beds for geriatric mental health (Alberta Health Services). There used to be between two to six beds dedicated for homelessness, but funding ran out in March 2017. With an average stay of 77 days, staff provide many services that help the older adults rebuild their lives after episodes of abuse, crisis or homeless or in unstable housing.

Specialized Housing and Housing First

Homeless older adults need stable housing. It will keep them safe and secure as they age, but they also need specialized housing that will take into account their complex needs and behaviours. A Housing First approach can help improve their mental health and quality of life (Chung et al., 2017). This population needs considerable wraparound supports available to live independently, including access to medical care and homecare services onsite. It is also in the best interests and desires of homeless older adults to create communities where they can live together and not scatter them among the community. There are some issues with this approach also, however, as not all older adults with mental health issues believe they have them, due to society's stigma about mental health.

Specialized Continuity of Care

Staffing within specialized housing for homeless older adults is resource-intensive. It takes special skills and competencies to support this population, and there are challenges in recruiting people due to the low pay, benefits and the low social value of the work. Homeless older adults also benefit greatly from consistency in staff. Relationships are important, as well as knowing each resident's history, any active addictions, any mental health diagnosis, and any behavioural issues that may occur.

Desired Staff Competencies	Desired Staff Characteristics

	"Non-judgemental appreciation and fundamental empathy"
• Willingness to provide practical assistance • Having realistic expectations • Establishing long-term goals and empathy with residents • Using a flexible, client-centred approach	• Altruism • Compassion • Involvement • Loyalty • Tenacity • A critical attitude to the mainstream • Optimism • Diplomacy • Patience • Creativity • Degree of immunity to stress • Praising resident strengths and achievements

Source: Schout et al., 2010

Research from the Homelessness Intervention Project in Hamilton has also shown that continuity of care, where one service provider takes a lead role in coordinating all of the service needs of an older adult with complex needs, is more effective (Ploeg et al., 2008). Such an arrangement allows for relationship continuity, information continuity and management continuity for the individual.

Emerging Issues

More Harm Reduction Long-Term Care Communities

As vulnerable older adults age and their physical health declines, more and more will need access to long-term care (LTC) beds. Alberta moved to a supportive living approach in the late 1990s, increasing the number of supportive living units and capping the number of LTC beds. The challenges of special needs populations, such as those at risk of homelessness, were not considered separately in this process. Supportive living units built therefore were for a more generic older adult population, rather than taking into account the specialized supports and communities for those with complex conditions, such as addictions, mental health issues or cognitive impairments, needed. Added to this, most current LTC facilities do not accept individuals with active addictions, who smoke, or who have behavioural issues. There is direction from Alberta Health Services (2014) that states that cessation is the preferred goal in all forms of substance abuse. Even if cessation is the goal, the reality is that cessation is not 100% effective, and there will always be individuals who are not able to quit. These people deserve an option for LTC as well. There are currently only 17 beds at Rouleau Manor in Calgary (a long-term care community) that are designated for harm reduction that support older adults 45+ with addictions and complex mental health issues. The residency criteria for LTC subsidies can also create barriers for some immigrants to access these services, which could be an issue in the future.

Managed Alcohol Programs

There is emerging research that shows that there are significant benefits to homeless older adults through managed alcohol programs (Braul and Nixon, 2017; Pauly et al., 2016). These programs are designed to reduce extreme intoxication and its subsequent health implications by providing a daily controlled amount and quality of alcohol. This is negotiated with the resident and supports stabilization and not bingeing or intoxication. It takes a harm reduction approach and is respectful of the resident's desires and needs. These programs can also include tobacco and drugs, as at Peter Coyle Place.

Benefits to Managed Alcohol Programs

- Improved quality of life (self-reported)
- Improved housing stability
- Improved connection to family
- Fewer hospital admissions
- Fewer detox admissions
- Fewer police contacts
- Fewer withdrawal seizures
- Reduced victimization

Guaranteed Basic or Minimum Income

Many governments in Canada are considering introducing a guaranteed minimum income. For homeless older adults, this would be a good solution for them as they tend to fall between income support cracks. Many who are functionally geriatric cannot work steadily, and yet also are not eligible for disability. They are also chronologically too young to receive traditional senior benefits, such as CPP, OAS or GIS. This is particularly true of the growing homeless population between 45 and 64. Providing these individuals with a guaranteed minimum income would help keep them housed and out of the system.

Recommendations

- Continuity of services and supports need to follow the individual as he or she transitions from the homelessness sector (AISH, etc.) to the older adult sector, including income supports and case management.
- More research on older adults and homelessness is needed (see Grenier et al., 2016 for a complete research agenda), including:
    - On how best to prevent homelessness for older adults, especially those with responsive behaviours, including best practices and gaps in services.
    - On the cost benefit of allowing at-risk homeless individuals (50+) who are not eligible for AISH to collect a guaranteed basic income.
    - On sub-populations of older adults at risk (immigrants, LGBTQ2S, Indigenous, visible minority and racialized older adults).
    - On how to identify at-risk older adults in rental or fair-market housing in the community.
- Ensure there are adequate and appropriate housing options for older adults at-risk of homelessness (transitional, emergency, etc.).
- Harm reduction programs (managed alcohol/drugs) need to be available for older adults who are unable to quit.
- Mental health and addiction services need to provide on-site assistance for housing providers that have residents with mental health issues.
- More funding needed to expand independent support workers to help prevent homelessness for older adults in residential settings.
- Mainstream mental health agencies need to be more involved in the older adult sector.
- Homelessness sector and seniors sector need to connect more formally.

- All new beds for homeless older adults need to include design considerations for older adults.

Key Resources

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This position paper is a part of a series of papers by OACC on older adults with respect to mental health and housing issues and poverty and affordability issues.

Prepared for the Older Adult Council of Calgary by Lee Tunstall, PhD with assistance and advice from Alison Loewen (Trinity Place Foundation) and Sandra Clarkson (Calgary Drop-In Centre). OACC brings together service providers, housing providers, health sector representatives and government representatives that work with the older adult population in Calgary.