

Working towards more inclusive policies and programs for Montreal's older homeless population

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When the results of Montreal's most recent homelessness point-in-time (PIT) count were announced at a downtown Montreal press conference in July 2015, one of the most startling findings, at least from the point of view of a social gerontologist, was that 41% of the total homeless population and 49% of shelter users were aged 50 years and older (Latimer et al., 2015). Consistent with this, a number of Montreal agencies have reported a fourfold increase in older shelter residents over the past two decades (La Maison Marguerite de Montreal inc., 2013; Maison du Père, 2014). While older adults' use of emergency shelters is on the rise across Canada, the proportion of older Montreal shelter residents is nearly double that of recent national estimates (24.4%) (Gaetz et al., 2016).

I was one of the 600 volunteers who participated in the PIT count the night of March 24th, 2015 and was stationed at the Old Brewery Mission, one of Canada's largest homeless shelters. At the time of the count, I was working towards a PhD in Social Work at McGill University. As part of my dissertation, I had the opportunity to sit down with 15 older men and women who were residing in Montreal shelters and learn what it was like for them to experience homelessness for the first time at age 50 years and over (Burns, 2015; 2016).

Who are older homeless adults?

Understanding the extent of older homelessness is not a straightforward task because of inconsistent definitions of 'homelessness' and 'older' homelessness in particular. Homelessness can mean being unsheltered (living on the streets), residing in emergency shelters, being provisionally accommodated (couch surfing or living in cars), or residing in substandard housing (Gaetz, et al., 2013). In Canada, 'older' or 'senior' typically refers to the 65 and over population, as this is the age of retirement and is currently the age threshold for accessing entitlement programs such as Old Age Security. However, age 50 is more commonly being used by researchers and policy makers to characterize an older homeless person, as this population experiences accelerated aging from being homeless and a prevalence of debilitating conditions and lower life expectancies (Grenier et al., 2016a; McDonald et al., 2007). As a consequence of divergent definitions of homelessness and age thresholds, Canadian estimates of the older homelessness could be understood to be as low as 4% and as high as 49% (Gaetz et al., 2016; Latimer et al., 2015).

A growing body of literature, of which there are several recent Canadian contributions (Burns, 2016; Burns et al., 2012; Furlotte et al., 2012; Grenier et al., 2016a; 2016b; McDonald et al., 2009; Reynolds et al., 2016; Rothwell et al., 2016; Walsh et al., 2015; Woolrych et al., 2015) suggests that late-life homelessness, like homelessness at other stages of the life course is a complex phenomenon caused by individual circumstances (i.e., addiction, mental and physical health, family breakdown) combined with structural factors (i.e., lack of suitable jobs and housing). At the same time, a key distinction has been made between two different pathways into late-life homelessness: 1) older adults with long histories of marginality commonly referred to as 'chronically' homeless; and 2) individuals who are 'recently' or 'newly' homeless meaning they are experiencing homelessness for the first time in later life (McDonald et al., 2007). While

both subgroups are rising in number across the country, contrary to common assumptions, only a minority of homeless people in Canada have long histories of chronic homelessness (2-4%) (Gaetz et al., 2013).

Why the rise in older homelessness?

The alarming increase in the number of older homeless people in Montreal needs to be understood in its broader context. General socio-political trends occurring over the past few decades including demographic aging, urbanization, reduced social spending, and a widespread national housing crisis have contributed to the rise in homelessness in general and older homelessness in particular (Hulchanski, 2009; Gaetz et al., 2013). However, there are also several Montreal particularities worth noting. Montreal's population is aging rapidly; in 2011, 15% of Montreal's population was 65 or older, representing 250,000 seniors; by 2031, fully 20% will be aged 65 or over (André & Payeur, 2009). While housing in Montreal is still relatively affordable compared to other Canadian cities such as Vancouver or Toronto, the cost of a two-bedroom apartment has increased 29% from 2000 to 2010 (IRIS, 2010). Further, older adults in Montreal are more financially disadvantaged, than individuals of the same age who are residing in other parts of the province, particularly those born between 1946 and 1964 (currently 53-71 years of age) (Gagné & Poirier, 2013).

Compared to younger homeless populations and older adults in general, older homeless people face unique realities that put them at greater risk of losing their housing and remaining homeless. This population has significantly higher mortality rates and is in poorer mental and physical health than older adults in the general population (Furlotte et al., 2012; McDonald et al., 2007). They spend on average two weeks longer in homeless shelters than younger age groups (Rothwell et al., 2016), often because they are less familiar with the health and social care system (McDonald et al., 2007). Their health status tends to resemble someone 15-20 years their senior which prevents them from working, yet they may be too young to access age-based benefits such as pensions and shelter allowances (Burns et al., 2012; Gélinau, 2013). If they are able to work, ageist attitudes often preclude them from labour market re-entry (Gélinau, 2013). Despite these trends, few programs and services are available to meet their diverse needs, particularly in relation to housing.

Housing-related challenges for older homeless adults

Older adults encounter greater difficulties accessing appropriate emergency, transitional, and permanent housing because of their complex health and social needs, a challenge that becomes greater when marginalized identity markers are at play (i.e., LGBT-Q, immigrants/refugee status, populations living with HIV-AIDS, mental health and addiction issues) (Furlotte et al., 2012; Grenier et al., 2016a; Reynolds et al., 2016). Individuals with mobility and health issues face additional barriers accessing emergency services such as shelters and soup kitchens as these spaces are rarely designed to accommodate their needs (e.g., being required to leave during the day, not being equipped with elevators) (Burns, 2016). They also tend to be excluded from mainstream long-term care residences because of substance use issues and behavioral problems (Crane & Warnes, 2007).

Even when older adults are able to transition to independent housing, worries about living alone without specialized support contributes to feelings of "unsettledness" and to eventual tenancy failure (Crane & Warnes, 2007). In other words, long-term stability in independent housing is unlikely unless continuing supportive services are provided as older people are more likely than any other age groups to be socially isolated and have 'extra care' needs (Crane & Warnes, 2007; McDonald et al., 2009). Thus, housing first

models that have recently been embraced by a number of communities across Canada, and demonstrated to be highly effective in moving people quickly from crisis accommodations into a permanent, independent housing (Georing, 2014, Waegemakers Schiff, & Rook, 2012) raise special concerns for older homeless people. Yet, to date, very little research, has considered the types of housing and support that would best meet the needs and promote inclusion for this diverse population of older adults, particularly in a Montreal context.

Rethinking place-based solutions for older homelessness: A participatory action-research project

Addressing this gap in knowledge, in collaboration with Jean Gagné, professor at TELUQ University, and P.A.S de la Rue, a community organization for older homeless adults, we are conducting a participatory-action research project examining factors that both help and hinder rehousing and reintegration of formerly homeless older men in Montreal. We are interviewing men aged 50 years and older who are residing in three different supportive housing contexts with distinctive physical designs and types of social support.

The first is [Projet Logement Montreal](#) (PLM), a model that adheres to a housing first inspired philosophy (Gaetz et al., 2013b; Waegemakers Schiff & Rook, 2012). PLM residents are housed in scattered-site private housing rentals. Support workers are not directly tied to the housing resource and visit participants at varying frequencies based on their needs. The second is J.A. de Sève, a 78-room single site not for profit facility (managed by [Maison du Père](#)) with on-site supports. The third is [P.A.S. de la Rue](#)'s Projet Relais, a two-year single site, 8-apartment transitional housing complex with on-site supports. All three models require residents to pay 25% of their income towards rent. We are currently in the process of conducting field work and are aiming to present preliminary findings in the spring of 2017.

Conclusion

The unique issues associated with late-life homelessness are increasingly being recognized in public strategies on homelessness (Burns et al. 2012; Grenier et al., 2016b) including Montreal's most recent three-year (2014-2017) Action Plan (Ville de Montreal, 2014)¹. Addressing the needs of Canada's older homeless population requires policy changes and new approaches to housing and ongoing support in particular.

Considering the diversity of older homelessness, a "one-size-fits-all" approach to combating homelessness will not be viable. These changes must take into account differences in pathways, health status, and various identity markers (LGBT-Q, immigrants/refugee status, populations living with HIV-AIDS, mental health and addiction issues). Moving forward, it is imperative that stakeholders working in research, policy, and practice work together to ensure that the recognition of older homelessness in policies is matched with concrete actions.

¹ Grenier et al. analysed 42 local, provincial, and federal Canadian strategies and found 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%).

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