



Housing First Considerations for Seniors

Greater Vancouver Shelter Strategy



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Executive Summary

The five principles of Housing First were used as a framework for examining findings of interviews with homeless seniors and shelter staff regarding seniors needs in housing and exiting homelessness. Recommendations were developed to inform how Housing First service delivery may need to be modified to ensure that seniors needs are met under this operating paradigm. Some consideration was also given to specific implications under the Homelessness Partnering Strategy funding.

Immediate Access to Housing

- Case loads may need to be reduced when working with seniors to allow for increased time needed when working with seniors
- Expectations regarding the length of time it takes to find housing may need to be increased
- Limitations in options for housing for seniors may increase the need for, and length of time in, shelters or interim housing
- The need for immediate housing should be balanced with a senior's need for appropriate supports to reduce the need for re-housing

Consumer Choice & Self-Determination

- Utilize the Adult Guardianship Act to inform recommendations around managing seniors' choice
- Ensure that the benefits that seniors identify in shelters services are available in housing options
- Recognize that reduced choice as a result of higher needs may impact housing retention rates
- Staff must develop the knowledge and relationships to facilitate aging in place

Recovery Orientation

- Ensure trauma-informed care is part of the service delivery

Individualized Supports

- Equip and pay staff to specifically support seniors' needs

Community Integration

- Seniors may have a greater preference for congregate housing compared to scattered site housing than a 'typical' Housing First participant
- Relationships with community health teams are essential to manage some of the barriers in accessing necessary supports
- Cost considerations, as associated with increased need for support, may impact the feasibility of scattered site housing for seniors

HPS Eligibility

- Prioritization of chronic & episodic homelessness may result in unnecessary trauma for seniors
- Some seniors seem to benefit from the option of transitional housing

Introduction

There has been much practice and research demonstrating the effectiveness of Housing First. However, one of the current limitations is that this work is often targeted to the generic homeless population. While this is important in establishing the benefits and impacts of Housing First, a need remains to ensure the needs of specific sub-populations are considered and adaptations are made to best serve these various groups. Seniors are one sub-population that would benefit from specific considerations in Housing First delivery. The changes associated with aging, combined with homelessness create a unique situation for seniors and these considerations must be noted when delivering Housing First services.

Based on insights from interviews conducted with homeless seniors and shelter staff about their experiences with homelessness and needs in housing, this report will inform adaptations for Housing First service delivery with seniors.

This report will also build on the body of work developed through the Greater Vancouver Shelter Strategy's (GVSS) Homeless Seniors Community of Practice (CoP), which was developed in response to the increasing number of seniors in shelters and outreach services across Metro Vancouver. The CoP identifies seniors as adults aged 50 years or older. This younger age range recognizes that the experience of poverty and homelessness can substantially impact the experience of aging. Many homeless seniors experience the same physical and mental health, job prospect and other challenges as persons 15 years their senior.¹

Housing First Principles

Housing First adaptation recommendations for seniors will be outlined in this report according to the principles of Housing First²:

1. Immediate access to housing with no housing readiness conditions
2. Consumer choice and self-determination
3. Recovery orientation
4. Individualized and person-driven supports
5. Social and community integration

For a detailed description of the principles and practices of Housing First, consult the Canadian Housing First Toolkit³ and additional resources available through the Mental Health Commission of Canada⁴.

This report will recognize specific eligibility criteria found within the Homelessness Partnering Strategy's Housing First funding.

¹ Bottomley, M. (2001). Health care and homeless older adults. *Top Geriatric Rehabilitation Series*. 17(1), 1–21.; Thomas, B. (2011). *Homelessness: A silent killer*. University of Sheffield.; Waldbrook, N. A. (2013). *Homelessness, Stable Housing, and Opportunities for Healthy Aging: Exploring the Relationships*. Queen's University.

² RainCity Housing. (2014). *Housing First – Principles into Practice*. <http://www.raincityhousing.org/hf-p-into-p/>

³ 10. Mental Health Commission of Canada. (2014). *Canadian Housing First Toolkit*. <http://www.housingfirsttoolkit.ca/welcome>

⁴ Mental Health Commission of Canada. (2016). *Initiatives: At Home*. <http://www.mentalhealthcommission.ca/English/initiatives-and-projects/home>

Immediate Access to Housing

Need More Time

One of the consistent findings heard from staff is that working with seniors takes more time. Staff identified a number of reasons why working with seniors takes more time:

- It takes time to build trust with newly homeless seniors
- Seniors need time to feel comfortable making changes at their own pace
- Senior-appropriate housing can take longer because seniors' needs are complex
- Seniors need time to recover from the trauma associated with homelessness

"Our first time ones, our newbie seniors, they take a little more convincing that we need to help them."

Because seniors need more time than a younger population to work towards their goals and housing, staff case loads may need to be decreased when working with seniors. Staff may need to spend more time with senior clients to ensure that their needs are met. In addition, staff need to spend more time in the initial stages of the relationship with the senior to build trust and to allow a senior to be comfortable with their housing choices. This increased time impacts the number of seniors that can be managed on a staff member's case load at any time.

"I think so, because, because, they are high needs, they will stay until we find them housing. Can't just say oh sorry, your time is up, you're out. That's not possible to do."

Housing can also take longer to find because of senior-specific needs. Staff identified that it can be difficult to find housing that is capable of meeting the needs of a senior. For example, if an individual has a wider than standard wheelchair, many doorways cannot accommodate this width. As such, the number of housing options, and specifically vacant housing options, becomes dramatically reduced. It is expected that when serving seniors, even when prioritizing immediate access to housing, the length of time it takes to identify appropriate housing will be longer.

Staff also identified the significant impact of trauma in becoming homeless. The process of becoming homeless involves a multitude of losses for seniors. Not only have they experienced the loss of their homes, they have often lost relationships and other supports, and have potentially had poor experiences with organizations such as the Residential Tenancy Branch or BC Hydro. Seniors have often also

IMPACT FOR HF SERVICE DELIVERY

Case loads may need to be reduced when working with seniors.

IMPACT FOR HF SERVICE DELIVERY

Expectations of time to find housing may need to be increased.

IMPACT FOR HF SERVICE DELIVERY

There may be increase need for shelter and/or interim housing.

“So just allowing them that space to start healing and kinda figure out that they’re safe, that they know that they’re safe, you know, it does take a lot of time,

experienced loss of personal dignity and self worth. Even if seniors have asked for assistance with their situation, it may have taken a long time for them to find the support they need.

Staff and seniors both identify the experience of becoming homeless is incredibly confronting and suggest that when seniors arrive at shelters they often need time to rest before having to consider their next move. While an argument can be made that this respite might best occur while housed, this should

be considered on a case-by-case basis. Although shelters are not optimal permanent accommodation, they do provide 24/7 support, fully prepared meals, and are able to meet the immediate needs of a senior who has recently become homeless. If a senior expresses the preference to reside in a shelter while they recover, it is suggested that such a choice is not at odds with a Housing First approach—allowing a senior to identify what best meets their needs aligns with the principles of Housing First.

Have More Barriers

Shelter staff also identified that seniors often have more mobility, mental health and physical health issues than younger clients. These issues increase the difficulty of finding the supports necessary for

“There is a lot more mental health [issues] with our older clients. I think there is a lot of shame around mental health, especially with the seniors and they don’t like to share that information.”

independent housing. If a

senior has a health issues that requires regular check-ins as well as mobility issues that impact their capacity to care for themselves, independent housing may not best meet this senior’s needs. As a result, seniors increased mobility and health needs are another reason that seniors may identify that immediate housing is not in their best interests. Decisions regarding the speed at which a senior is housed must be driven

by the senior and their identification of their needs.

Staff also identify that seniors may be less forthcoming about the issues they are currently dealing with. This may be due to shame about a particular issue or lack of awareness of the issues they are managing. Because of this it may be beneficial to take the time to better understand a senior’s individual needs to ensure that their housing can best meets their needs.

IMPACT FOR HF SERVICE DELIVERY

The need for immediate housing needs to be balanced with the need for supports.



“They Don’t Want to Be in a Shelter”

“A lot of them just want to get out. They don’t want to be in a shelter. It’s scary. They have to share a room with somebody, 3 or 4 other men, they have to go to the washroom; it’s just it’s hard for them so a lot of them just want to get out. They say how can I be helped and get me out of here.”

While identifying the benefits to taking the time to appropriately house seniors, it is also important to acknowledge that many seniors do not want to be in a shelter. Residing in a shelter reduces control seniors have over their own space, requires interaction with people they may not otherwise choose to interact with, and requires seniors to structure their life around the shelter schedule.

Shelter stays often involve sharing a room with another individual and can be a scary experience for many seniors or expose them to increased victimization. Residing in a shelter can also increase the experience of trauma for a senior.

In identifying this need, staff suggested that housing a senior quickly, in housing that does not meet their needs is detrimental. If the housing placement does not meet the senior’s needs, it will increase the likelihood that the senior will return to the shelter, further destabilizing their lives. As one staff stated:

“We realized that people who come in to use the shelter need more than a couple of weeks to you know, heal up, get proper shelter- housing type of deal so our strategy is let’s let them stay at the shelter, it might take a month, it might take 2 months depending on the person, but let’s house them once properly and then they don’t have to come back and we don’t have to get repeat clients, which we’ve had in the past. That strategy has helped quite a bit because a repeat client statistics-wise has fallen quite a bit, which is really nice. So housing them and holding them here at the shelter, allowing them the time to deal with their mental health, deal with their housing situation, deal with their income assistance and stuff like that and then getting them into the community properly has been quite successful that way.”



Consumer Choice & Self-Determination

More Cognitive Impairments

Age-associated cognitive declines are a reality of an aging population as well as for adults experiencing homelessness. Dementia and other cognitive impairments such as schizophrenia and depression are common among those who experience homeless and are also seniors⁵. Managing seniors’ choice in this

⁵ Joyce, D. P. & Limbos, M. (2009). Identification of cognitive impairment and mental illness in elderly homeless men: Before and after access to primary health care. *Canadian Family Physician*, 55(11), 1110 – 1111.

“You know, nobody’s telling me I can’t, you know. Everything I’m doing is because I want it.”

context, can present a challenge. It is essential to ensure that seniors have choice and are not inappropriately limited in their capacity for self-determination. Autonomy and the ability to manage oneself is incredibly important to seniors. At the same time, staff struggle with the best ways to ensure the

safety of seniors while providing for choice.

As one staff member described when talking about this balance, “Yes, very much so...some people are beyond our level of care for medical needs, for housing, people don’t want specific needs in housing, some people want to be independent and they’re not there and they need supportive housing...they don’t want to give up their freedom, yet they can’t cook for themselves, they can’t go out and look [for housing], because of mental health.”

Adult Guardianship Act

When considering the self-determination of a senior, while balancing safety considerations, the Adult Guardianship Act (AGA) and associated principles can inform practice. Specifically, the AGA is guided by the following principles and presumptions⁶:

IMPACT FOR HF SERVICE DELIVERY

Utilize the Adult Guardianship Act to inform recommendations around managing seniors’ choice.

- Adults are presumed to be capable
- Adults have the right to choice how they live as long as they do not harm others and are capable of making those decisions
- Utilize the least intrusive but most effective care
- Value autonomy and self-determination

If the AGA is used to inform decision-making around providing choice to seniors, the following guidelines may be employed:

- Seniors are presumed to be capable and should be provided the opportunity to make decisions about their needs
- Staff should be aware of signs that seniors are making decisions that are harming themselves, or when a physical handicap may be preventing them from seeking the help they need
- Staff should have awareness of and access to resources that facilitate timely assessment of the capability of seniors to make self-care decisions
- Staff should attempt to work with the senior to find the least controlling or intrusive intervention if it is determined that an intervention is necessary

⁶Adult Guardianship Act. (RSC 1996).

http://www.bclaws.ca/civix/document/id/complete/statreg/96006_01#section2

“I’ll get a cheap place so if something happens to me, it’ll be small enough that [he] can maintain it without hurting [himself]. No fire, he can’t do the stove thing. I’m going to have to set up meals on wheels and this is how serious it’s become.”

It is helpful to identify that the guiding principles of the AGA align with core values of Housing First service delivery, such as, seeking to avoid coercion or intrusive monitoring and valuing individual self-determination⁷.

When implementing Housing First with seniors, it is expected that out of the AGA definitions of abuse, neglect and self-neglect that staff will most likely encounter self-neglect as an area for potential

concern. To assist staff in identifying signs of self-neglect, the following description and potential indicators have been developed by Vancouver Coastal Health⁸.

Definition: Self-neglect is any failure of an adult to take care of himself or herself that causes, or is reasonably likely to cause with a short period of time, serious physical, mental or emotional harm or substantial damage to or loss of assets.

Possible Indicators of Self-Neglect

Malnourished, overly thin	Soiled linen, clothing	Dangerous environment	No dentures
Dehydration	Unkempt appearance	Immobility, weakness	Home in disrepair
Over sedation – reduced physical/mental activity	Clothes in poor repair or inappropriate season	Cancellation of appointments to doctor/dentist/therapy	Lack of required safety features in home
Mouth sores	Urine burns	Bed sores	Confusion
Reduced/absent therapeutic response	No glasses, hearing aid, cane, walker	Presence of untreated injuries	Living in grossly unsanitary conditions
Poor hygiene	Unpleasant odor	Medication problems	Poor skin condition

When using these indicators to inform practice, it is important to identify that the presence of self-neglect is not sufficient to require intervention and that instead an assessment of cognitive capability is also necessary. It is important that staff continue to value a senior’s ability for self-determination when they have sufficient capacity to do so. Once again, this aligns with Housing First principles of allowing individuals to make decisions about their care, even when this may be contrary to staff priorities.

⁷ Nelson, G. et al. (2013). Follow-up Implementation and Fidelity Evaluation of the Mental Health Commission of Canada’s At Home/Chez Soi Project: Cross-Site Report. http://www.mentalhealthcommission.ca/English/system/files/private/document/Housing_At_Home_Qualitative_Report_Follow-up_Implementation_Fidelity_Evaluation_Cross_Site_ENG.pdf

⁸ Vancouver Coastal Health. (2016). VCH ReAct: Act on adult abuse & neglect. http://www.vchreact.ca/recognize_selfneglect.htm

Seniors are Returning to Shelters

A phenomenon described by a number of shelter staff is seniors leaving housing to reside in or return to a shelter. A full discussion of why this may occur is provided in a GVSS report on Housing for Vulnerable Seniors⁹. While this is not the case for all seniors, and many do not see a shelter as their desired accommodation, issues that may influence a senior's decision to return to a shelter include loneliness, challenge preparing meals, need for additional supports and inability to independently access activities that are available in a shelter.



IMPACT FOR HF SERVICE DELIVERY

Ensure that benefits of shelter services are available in housing options.

As one staff member stated, “We see people come and stay here just because they feel isolated or unsafe in their place. So, especially with the shelter workers, they might spend all this time helping someone get housing and then 2 months later they're back here because they still have their housing, but they don't want to stay there because they're lonely or they don't know how to access the services around them.”

These findings highlight the need for staff to ensure that activities and supports that are available in shelters are replicated when the senior moves into housing.

Seniors Have Greater Needs

Having complex and extensive needs can also impact seniors' available housing options in a number of ways:

- Fewer appropriate types of housing are available
- Landlords may be less willing to accept someone with higher needs
- Unknown needs may impact the success of housing found for seniors

As mentioned previously, the needs of seniors may limit the appropriate housing options. This can impact a senior's choice in where they are housed. If a senior needs to remain in a particular area to access support services, they may not be able to access the type of housing they desire for an affordable price. Alternatively, seniors might choose to live in housing that meets their needs, but then have to travel long distances to access other needed supports.

IMPACT FOR HF SERVICE DELIVERY

Recognize that reduced choice may impact program success.

⁹ Greater Vancouver Shelter Strategy. (2015). Housing Recommendations for Vulnerable Seniors. <http://gvss.ca/PDF-2014/Housing%20for%20Vulnerable%20Seniors.pdf>

The following conversation demonstrates the influence that seniors' needs can have on their ability to choose housing:

Interviewer: And how easy is it for you to get to those places from here?

Senior: Not.

Interviewer: Not easy?

Senior: No. Because I have a lot of specialists and everything like the [hospital] and everything where they keep me for 2-3 weeks at a time.

Interviewer: Oh, so are they pretty spread out across [the city]?

Senior: Yeah.

Interviewer: And how do you get there?

Senior: Um, usually I walk.

Interviewer: Walk. Yeah, so that's pretty hard if they're spread out and you're walking.

Senior: Yeah, especially with me because I got to be careful on how much I spread myself out. Because of the seizures and PTS, post trauma stuff from the war and that.

It is important to recognize that in either circumstance of choosing preferred housing at the cost of reduced accessibility to other supports or prioritizing supports and accepting sub-optimal housing that these choices may impact the housing retention rates for the Housing First program. When the fundamental principle of choice is reduced it is possible that this will impact the outcomes for the program.

“Yeah, I had to get away from [landlord]. Most people don't like [landlord]...they pick and choose their people. If you don't fit their standards you pretty well aren't going to get anything. With my medical history they didn't really want me.”

Seniors also identified feeling that their complex needs may cause them to be seen as less desirable tenants by potential landlords, both private and public. If the complex needs of seniors do impact decision making when landlords offer housing, then the housing choices that are available to seniors are further limited.

If Housing First is to be successful for seniors it is important to inform landlords how certain screening

practices may further marginalize seniors while also educating them on how services can be brought in to ensure that the needs of the senior are met. This work may be undertaken at the program level but would also benefit from involvement with decision makers at municipal, regional and provincial levels.

IMPACT FOR HF SERVICE DELIVERY

Encourage landlords to limit screening while demonstrating available support.

Finally, seniors' needs may impact available housing if seniors are unable or not inclined to identify their needs. When asked about their needs, seniors identified few needs and regularly stated their desire to manage issues themselves or contact staff only when absolutely necessary.

[When asked about health issues]

“Nothing that I can’t cope with myself. If I run into trouble, I will ask.”

If seniors need housing that meets their needs to increase the likelihood that they will maintain their housing, not knowing what these needs are can hinder success. This again highlights the benefits of staff taking the time to get to know seniors and their unique needs rather than rushing to find the first available

housing opportunity that could end up being unsuitable. It also reinforces the suggestion that expectations for how long it takes to house an individual may need to be adjusted when working with seniors.

IMPACT FOR HF SERVICE DELIVERY

Allow for time to understand seniors’ needs before finding housing.

Aging in Place

Much work has been done to identify the benefits for seniors of aging in place¹⁰, that is, allowing a senior to remain in the community they identify as home. Typically, this means a place where the senior has social, psychological, spiritual and/or physical connections to the community. While it is recognized that supporting a senior to age in place may limit

IMPACT FOR HF SERVICE DELIVERY

Be prepared to support seniors to age in place.

“I find our older clients are less, they more have enclaves that they like to live in. A lot of them like to live in New West. They’re more specific for where they want to live. I have other clients that are like, ‘I can live anywhere in Vancouver.’ Them, it’s like, “I want to live in the West End, New Westminster. I want to live in a certain neighbourhood, a certain area’.”

their choices of available housing, it is critical to recognize that removing a senior from their place of choice can have significant negative effects on their health and wellbeing.

To be equipped to facilitate aging in place, staff who serve seniors need to develop expert knowledge about the communities where the seniors they support wish to live. If removal from a neighbourhood of choice is particularly detrimental for an individual, it is necessary for staff to develop the skills and relationships that will support their client’s needs.

Recovery Orientation

Recovery from Trauma

As discussed previously, the process of becoming homeless and the experience of homelessness can be incredibly traumatic for seniors. A shelter staff member stated, “For a lot of first time shelter users we find that it can be a really jarring experience. You know, if you’ve lived on your own for 45 years and you’ve never had a problem with paying your rent

IMPACT FOR HF SERVICE DELIVERY

Ensure trauma-informed care is part of the approach to service delivery.

¹⁰Greater Vancouver Shelter Strategy. (2013). Towards Aging in Place. <http://gvss.ca/PDF-2013/Towards%20Aging%20In%20Place%20-%20Homeless%20Seniors%20Report%20Feb%20%202013.pdf>

and paying your bills; you pay your taxes. You do all of that and you do all the right things and then you still find yourself in a state of homelessness because the housing market is so crazy.”

A recovery orientation encourages a holistic view of a person, allowing them to establish their own definitions of health and well being. In the case of seniors and trauma, this means helping seniors to discover the best ways to recover from trauma and providing the time and space to recover before taking substantial steps to work on other goals. Staff should always expect this to be different for each senior and should take the time to support seniors to define their own needs.

Individualized Supports

Staff and seniors both identify that the best staff to work with seniors are those who have specific knowledge and training in working with seniors. This may include increased knowledge of medical needs of seniors, more training on the impacts of dementia and other cognitive impairments as well as mental health issues common among seniors, a greater understanding of the learning styles of seniors and how they move through processes of change, and a demeanor that sits well with seniors.

IMPACT FOR HF SERVICE DELIVERY

Equip and pay staff to specifically support seniors’ needs.

“It also forces us to look into more seniors based resources. Whether it’s the [housing service], or just looking into different kinds of transitional or older adults based housing options. We tend to use, I’ve got a great worker over at [seniors mental health service], who I go to on a regular basis for any of our individuals who have any kind of substance use issues.”

In addition, staff should develop knowledge of senior specific resources rather than assume that the resources suitable for the general population are suitable for seniors. When support services are tailored to the needs of seniors, they are better able to tease out and identify the issues that seniors deal with, thus providing a greater level of care.

It is expected that the need for training and in-depth knowledge of

senior specific service delivery will increase the cost of delivering Housing First programming for seniors. This may be due to the need for a higher wage to attract qualified staff or additional funding to provide training for staff in necessary areas.



Community Integration

Associate Community with Housing

The fact that some seniors are willing to leave housing and return to shelter demonstrates the importance of connection to community for seniors. This may mean that when compared to other populations, seniors may be more interested in congregate housing that is more specific to their needs. This is in contrast to findings from Housing First programs that most

“That’s why supportive housing is so good for older people; they’re not left alone, they can eat with people, they can converse with people, that’s why it’s important that we house people properly and for their needs.”

Use Community Supports to Facilitate Housing

Staff identified that one of the current challenges with the system of supports for seniors is a housing requirement for seniors to be eligible for needs assessment in order to receive certain health support services. This can act as a ‘Catch 22’ as seniors need to be housed in order to be assessed and receive services, but need the services to confidently secure housing and remain housed. Staff have addressed this issue by developing strong working partnerships with health services that work to time the move into housing as closely as possible with the completion of an assessment, allowing the senior to access the services they need.

A shelter staff member described it as follows:

“We usually bring in the nurses and social workers. We have a great team outside of here that’s been able to support us. However, when it does come to getting seniors into supportive housing it gets to be very difficult because in order to be assessed, they need to be housed so it’s kind of backwards because you can’t get them housed, they can’t live on their own, they need assessment to get into seniors



IMPACT FOR HF SERVICE DELIVERY

Congregate housing may be more desired by seniors than scattered site.

participants desire scattered site, market housing. When locating housing resources for seniors, it is important that teams are able to identify sufficient amounts of congregate housing while also ensuring that a senior is able to choose to live independently if they desire.

IMPACT FOR HF SERVICE DELIVERY

Develop relationships with community health to ease transition to housing.

housing. So far, we’ve just been working really closely with the nurses’ clinic and trying to get them into any affordable housing as fast as possible so we can send supports their way, they can have their assessment done right away and move on.”

While these circumstances create a challenging situation, partnerships support the senior within their community as it builds in necessary community supports to their housing situation.

Overall, staff highlighted that effectively housing seniors in community is not possible without the relationships with community services.

Feasibility of Scattered Site

The high need for supports may also impact the feasibility of scattered site housing when serving seniors. It is expected that seniors' need for care will likely result in a greater demand in support needed, whether Housing First is delivered through an Intensive Case Management model or through an

Assertive Community Treatment model. It is unknown at this time whether this increased need for support impacts the cost of service delivery such that it becomes incredibly cost inefficient to deliver Housing First services to seniors across a wide geographic area. In fact, it is possible that some services that seniors need require attachment to a specific location and cannot be provided through a mobile support team.

IMPACT FOR HF SERVICE DELIVERY

Cost considerations & support needs may impact the feasibility of scattered site housing for seniors.

These considerations have not yet been tested to fully inform a decision on whether scattered site housing can be delivered for seniors at a similar cost to that of the general population. If costs are substantially increased, this may push Housing First service delivery towards a more congregate setting when serving seniors. With less research available on the impact of congregate housing on the success of Housing First, these are considerations that would need to be made when evaluating the success of the program delivery.

HPS Eligibility

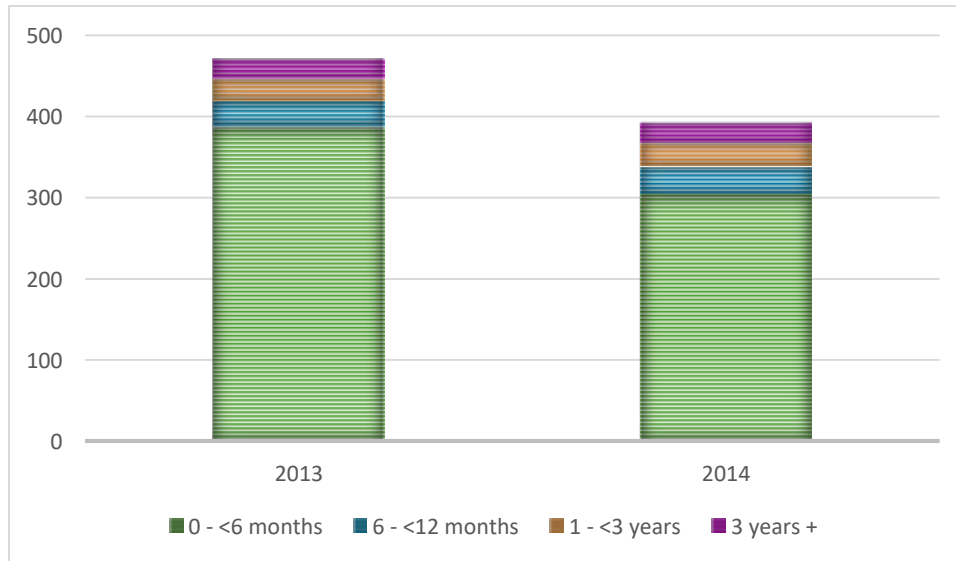
Episodic & Chronically Homeless Prioritization

“The third type of senior that is coming to us, is probably the fastest growing of the three and the most foreign to us, until recently, and that is the first time homeless.”

One of the barriers to serving seniors under the current Homelessness Partnering Strategy (HPS) Housing First funding is the prioritization of those who are classified as either chronically (homeless for 180 days in 12 months) or episodically (homeless at least 3 times in 12 months) homeless¹¹.

In Metro Vancouver, staff identify that many of the homeless seniors they are encountering are newly homeless, often after lengthy periods of being housed, working and possibly raising children. Staff attribute this rise in 'newly homeless seniors' to decreasing affordability of housing, loss of low income housing, and displacement from the communities in which they have aged. These anecdotal accounts are supported by shelter data that finds that shelters are seeing large numbers of seniors with whom they have not previously engaged that identify as being homeless for less than six months.

¹¹ Homelessness Partnering Strategy. (2014). 2014 Call for Proposals General Guide: HPS Eligible Populations, Communities, and Program Definitions. <http://www.metrovancouver.org/services/regional-planning/homelessness/HomelessnessPublications/HPSCFPGGeneralGuideIIEligiblePopulationsCommunitiesProgramDefinitions.pdf>



Shelters' New Encounters with Seniors, by Length of Time Homeless¹²

Over 2013 and 2014 there were almost 700 instances where a shelter encountered a senior with whom they had not previously worked and who had been homeless for less than six months.

Unfortunately, under the current HPS Housing First funding eligibility criteria, these seniors are not eligible to receive Housing First services. The services that would best serve these seniors, such as prevention services and rapid re-housing are not allowable services under current funding definitions.

One of the explanations that has been provided regarding the prioritization of chronically and episodically homeless individuals is that these individuals utilize a disproportionate amount of resources in the homelessness system and that by prioritizing service to these populations the burden will be more easily relieved and focus can then shift to individuals not in these categories.

In the case of the senior, it is reasonable to question whether this economic rationale is actually applicable. If it is noted that the experience of becoming homeless is associated with multiple losses, and that the time needed to re-house a senior and reconnect a senior to necessary resources is much more resource and time intensive, it is suggested that the same cost savings may not be seen by targeting seniors once they are considered chronically or episodically homeless.

IMPACT FOR HF SERVICE DELIVERY

Prioritization of chronic & episodic homelessness may result in unnecessary trauma for seniors.

Further, it is suggested that seniors are less likely to independently exit homelessness, and only experience homelessness briefly, once they have become homeless. This is due to the compounding effects of aging and the trauma and the loss experienced by a previously high-functioning, housed senior. While it has been identified that most people who experience homelessness will do so for a short

¹² BC Housing. (2015). Homelessness Services System, Webfocus HSCLN001, January 2015 snapshot.

“From my perspective it’s guys who have worked hard, usually worked for themselves, maybe went through a death or loss of job or were ill and then received quite a small pension and had no one to really support them, no family and end up down here in the shelters. Most have some sort of addiction or mental health, yeah usually just no family or no support and maybe were ill.”

period of time and exit with limited assistance,¹³ if this is not the case for seniors, then this further undermines the support for prioritization of chronically and episodically homeless seniors. If most seniors do not easily exit homelessness, because they do not have the resources to do so, then a greater proportion will themselves become chronically and episodically homeless without assistance. At which point they would become eligible for services. However, if they are unlikely to exit the system without help once they have become homeless, it is more efficient and more humane to provide supports as soon as

possible rather than require increased trauma as they wait to become eligible for the services they need.

Ineligibility of Transitional Housing

Another limitation of current HPS Housing First funding is that individuals who choose to access accommodation that is considered temporary, such as shelter or transitional housing, are not eligible for support under the current Housing First funding stream.

IMPACT FOR HF SERVICE DELIVERY

Some seniors appear to benefit from the option of transitional housing.

There are a number of issues associated with housing seniors that suggest that seniors benefit from access to transitional housing. These include:

- Seniors need time to recover from trauma before engaging in substantial decision making
- Seniors do not always disclose all needs at the beginning of a relationship
- Seniors need housing to be assessed to be eligible for appropriate housing options

All of these issues highlight a situation in which transitional housing is possibly the best option to meet the housing needs of seniors as they are exiting homelessness. In each case, it is clearly identified that while seniors do have a need for housing, it can be reasonably expected that this housing should not attempt to permanently meet their needs, which will inevitably change over time.

Unfortunately, if an individual decides to choose to reside in transitional housing, they are also not eligible to receive support services under the current HPS Housing First funding requirements. It is suggested that for some seniors, this limitation may impair rather than promote their success in finding permanent housing.

¹³ Kuhn, R. & Culhane, D. (1998). Applying Cluster Analysis to Test a Typology of Homelessness by Pattern of Shelter Utilization: Results from the Analysis of Administrative Data. *American Journal of Community Psychology*, 26(2), 207 – 232.

Conclusion

While there is limited research regarding Housing First service delivery for seniors, this report finds no significant obstacle that would sufficiently hinder the ability to apply the Housing First paradigm to work with seniors. A number of recommendations have been made regarding adaptations to program service delivery with the majority focused on means to accommodate the typically greater levels of support needs for seniors. If Housing First is to be implemented under the current Homelessness Partnering Strategy, then limitations in service delivery primarily revolve around funding eligibility. Seniors would be better served under this funding paradigm if changes were made that acknowledged the challenges that seniors experience in independently exiting homelessness and benefits in seniors to choose the type of accommodation in which they commence their journey to permanent housing.

