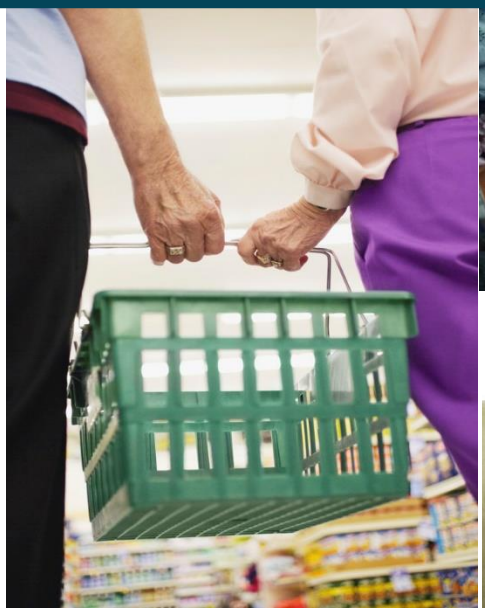
2014

Serving Homeless Seniors: Tools and Checklists



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Greater Vancouver Shelter Strategy

11/30/2014

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Introduction

These tools were created as a way of sharing information the Homeless Seniors Community of Practice (CoP) initiative has gathered based on our experience, research, and consultation with older adults and their service providers. We hope to engage service providers and build on our knowledge in order to enhance the tool kit so that it can be used by shelter and outreach workers in practical ways. Throughout this resource we will regularly reference 'seniors'. The CoP acknowledges that this term is used broadly to capture those as young as 50 years of age, recognizing that those who are homeless regularly experience the same symptoms of aging as those many years their senior.

Dialogue Participants at Vancouver Aboriginal Friendship Centre: May 22, 2012

Considerations for Use

When considering use of this resource it is important for each site to assess its own capacity to effectively utilize the tools made available. Considerations for use may include the assessment time available to staff, the professional training completed by staff, the financial resources available to the organization, and the legal burden assumed by the organization for those in its care. It is important to make these tools work for you, without being an unnecessary burden – even if it is not possible to implement all considerations in an area, take what steps you can to improve your service.

In all cases, tools related to physical and mental health issues that may be experienced by older adults are provided as a reference guide for staff, for information purposes only. They may be used to more easily identify the potential symptoms experienced by a person being served. Staff may use these tools to more effectively communicate with mental health professionals about the symptoms that a person may be exhibiting. Staff should not use these tools to make a medical diagnosis and **at no time are these resources a substitute for medical assessment and diagnosis**.

Resource Map

The resources provided help to answer two broad questions:

How do I structure my shelter to best serve the needs of older adults?		How do I better understand the behavioural and health needs of older adults?	
Issue	**Resource**	**Issue**	**Resources**
Travelling to services	Senior Accessibility/ Walkability Checklist	Medical issues that may influence behaviour	Dehydration Checklist for Seniors Hypothermia Checklist for Seniors Urinary Incontinence Among Seniors Sleep Deprivation Among Seniors
Document readability	Document Accessibility Guidelines for Seniors	Risk of social isolation	Seniors Increased Risk of Social Isolation and Stressors
Adaptations for sensory considerations	Shelter Sensory Environment Assessment	Risk of suicide	Suicide Risk Factors
Shelter operations reflection	Organizational Capacity Self-Assessment (focused on organizational culture and service delivery)	Elder abuse	*To be added in future edition*
Operational audit	Shelter Audit for Serving Seniors (yes/no questions on broad range of issues)	Financial literacy	*To be added in future edition*
		Women-specific considerations	

Senior Accessibility/Walkability Checklist

Use this checklist to consider whether a senior may need assistance in travelling to a particular service. The more times you answer 'no' to a question, the more likely a senior may experience difficulty in travelling to this location and benefit from assistance with transportation and/or accompaniment.

Issue	Rationale	Questions to Consider	X if No
Direct Routes	A route that is complicated or requires many steps increases the likelihood that a senior may get lost or confused in their travel.	Are the directions between the shelter and the service simple and easy to follow?	
Connectivity of Sidewalk	Gaps/breaks in the sidewalk network force people to walk unsafely on or near the street. Seniors with mobility issues are particularly at risk in these situations.	Is there a continuous pedestrian path (including sidewalks, crossings, footbridges, etc) from the shelter to the service or transit? Is there a continuous pedestrian path from transit to the service (if applicable)?	
Calm Traffic	If traffic is noisy and congested, seniors may avoid walking because they feel distracted by the noise and/or unsafe.	Is the traffic along the walking portions of the route relatively calm and quiet?	
Safe Street Crossings	Crosswalks should be clearly marked, with electronic signals, good lightning and clear sightlines for safe crossings.	Can those with mobility issues get across the street in the time allowed by the signals? Do drivers yield to pedestrians at driveways and crosswalks?	
Transit Links	The distance required to walk from a site to transportation should be minimized to reduce fatigue experienced by the senior.	Are transit stops convenient and regarded as safe by seniors? Are the transit links within 100 yards of the shelter or service?	
Personal Security	It is important that seniors perceive the environment in which they will travel as safe. This perception may be different than others.	Does the senior identify the route to be traveled as safe for them?	

Based on: Feedback in the Greater Vancouver Shelter Strategy's Community of Practice Sessions and the Walkable Edmonton Checklist
http://www.edmonton.ca/transportation/WalkabilityChecklist.pdf

Document Accessibility Guidelines for Seniors

Any item that is answered as 'no' suggests an area for improvement in current documentation.

Document Accessibility Guidelines for Seniors	Yes	No
The words are short, simple and clear. Common words with no jargon.		
Technical terms are defined or left out.		
Acronyms are identified, for example, EI = Employment Insurance.		
Sentences are short – 20 words or less.		
Each sentence has just one idea.		
Paragraphs are short. The idea in one paragraph connects to the idea in the next.		
Instructions are presented in the order they should be done.		
Point form or lists are used if appropriate.		
There is white space between paragraphs and sections.		
Margins are at least one inch. The left margin is justified, the right is ragged.		
Text is a size 14 font or larger to account for older readers.		
Text is written in a serif type font to account for older reader eye tracking during the reading process – serif does not tire out the eye. Examples include Times New Roman, Garamond, Century and Courier.		
Headings and subheadings are written in a sans serif type font and stands out when viewed. Examples include Helvetica, MS Sans Serif, Tahoma and Calibri.		
There is good contrast between the colour of the text and the paper, or the paper is white and all text is black.		
Boxes or other design features help people find important information.		
Photos, graphs, or other design features break up the text and make information clearer.		

Based on: Plain Language Audit Tool
http://www.nald.ca/library/learning/nwt/auditool/audit.pdf

Shelter Sensory Environment Assessment

Physical layout and how that space is controlled impact a senior's sense of safety and security in shelters. The physical layout can also contribute to how people interact with each other, affecting how relationships are formed and contributing to the experience of safety. Nonverbal communication about the sense of space is transmitted through a variety of sensory experiences that may not always be apparent without close inspection.

Visual Cues (Sight)

Lighting

With age, even healthy eyes become more sensitive, requiring higher contrasts, more illumination and less glare. Quality lighting assists in completing the daily tasks of life, including navigating a shelter, making for a more comfortable and safe environment. A number of key principles have been identified to ensure quality lighting for seniors.

Key Principles	Rationale	Possible Solutions
Ambient lighting* is uniform within a room and from one room to another	Older eyes take longer to adjust to changes in light levels.	Take advantage of as much outside light as possible by avoiding heavy window coverings Modern fluorescent lights that have high-frequency electronic ballasts and have good colour
Higher levels of light	Normal age related changes within the eye restrict the light coming in and absorb the light – so more light is needed to compensate.	Well-placed floor lamps and tables lamps can improve comfortability Adjustable lightning can make spaces comfortable for use in general work as well as close or detailed work Light in bathrooms must not be blocked by the shower curtain or obscured by mist and fog

* Ambient light is general lightning in a room for walking around, conversation and identifying objects.

Key Principles	Rationale	Possible Solutions
Glare-free light	Light scatters within the eye causing an increased sensitivity to glare and the loss of the ability to see subtle details at lower levels.	Use woven shades or sheer curtains to diffuse daylight Ensure that light is not reflected off televisions and computers Shielding to hide the direct view of the light source through recesses, valences, frosting, etc can reduce glare Bathroom wall and counter surfaces should be of light to medium colour with matte finishes
Light that helps to distinguish colours	The lens of the eye yellows with age, so proper lighting can help compensate.	Cabinet interiors should be white or light to aid in viewing contents Warm fluorescent lights are recommended in sleeping areas
Light fixtures that do not flicker or hum		Avoid the use of older fluorescent bulbs that use magnetic ballasts

Based on: Lighting Your Way to Better Vision
http://www.ies.org/pdf/education/lightingforagingeye.pdf

Signage

It is possible for seniors to become lost, even in smaller spaces. Signs that assist in navigation can assist them in feeling confident and safe in the space.

Questions to consider:

- Are signs placed to assist in knowing which rooms are what (including closed doors) and how to navigate to important rooms like the bathroom, dining area and laundry?
- Is the information on signs large enough to read easily? (Double check details in the Document Accessibility Guidelines for Seniors)
- Is an effort made to reduce clutter when conveying important information? (Too much and extraneous information increases the chance of missing the important information)

Other Visual Considerations

- Are the paint colors bright and well-designed or dark and/or blandly institutional?
- Does the environment promote a comfortable feeling, e.g. the use of artwork, comfortable furniture or other personal touches?
- Is staff clothing neutral?
- Are residents wearing any negative emblems (gang or abuse related)?
- How attractive is the outside appearance; grounds, entrance, access and lighting?

Body Movement

Staff and resident body movement impact sense of personal space for seniors. The speed of approach and pace of body movements by staff and residents will impact a senior's perception of personal space as well as their perception of threat; therefore, staff should be aware of their body language. When seniors read body language they look at the following body movements:

- Head/eyes/lips
- Shoulders/eyebrows/neck
- Legs/arms/fingers
- Posture/stance walking

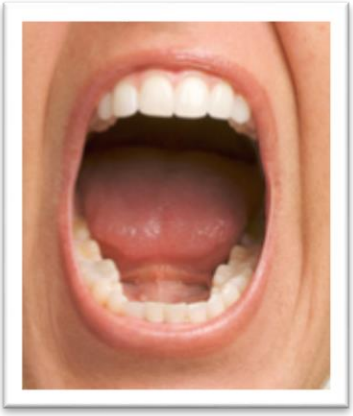
When working with seniors, consider how each of these may enhance or undermine feelings of safety for seniors. Body language that demonstrates open posture/stance and calm tones, as found in non-violent intervention and active listening training can improve the experience of safety.

Auditory Cues (Sound)

The way in which noise travels through a building influences a senior's sense of space and their personal safety in it. Seniors do not do well in loud buildings and this will affect relationship building. Personal safety in buildings will be based on a senior's perception of threat. This sense is influenced by noises such as:

- Traffic
- Loudness of music or TVs in the site
- Loudness of people talking and the frequency of yelling in the site
- Building noises such as washing machines, heat and ventilation systems
- Industrial noise, police/ambulance sirens

Consider talking a walk-through your site and spend time taking note of all of the noises in each space. Are there ways to reduce unwanted noise? Is there any ability to create a quiet space that allows retreat?



Voice

How staff say what they say through the use of vocal tone, cadence (pace) and volume also help shape a senior's sense of stability and safety. It is not just what you say, but how you say it. The rate and rhythm of your speech can generate conflict. Sending different messages with your tone, cadence and volume versus the content of what you are saying confuses the person listening and your point may be lost or misinterpreted. Fast speech cadence can make a senior feel like you are trying to get rid of them or are not interested in their problem. This impacts trust building.

Olfactory Cues (Smell)

Smell can trigger unexpected behaviours that are linked to past experiences. Smell impacts the sense of a homelike or a clean environment. (Studies suggest that our behaviour improves when we perceive a 'clean' smell) This shapes the sense of stability a person has while in the shelter space.

Questions to consider:

- How could the smells in the space trigger positive or negative memories for residents/guests?
- How do the products that we use promote a sense of cleanliness and/or home?
- How do we ensure that our environment is scent-sensitive for those who experience strong physical reactions to scents? http://www.ohrc.on.ca/en/about-us/scent-sensitive-workplace (both bathrooms and sleeping areas have the potential to be strongly affected)

It's important to remember that we get desensitized to smells that we are exposed to on a daily basis, so these tests may be better done with someone who is not regularly exposed to the environment.

Tactile Cues (Touch)

Shelters have a sense of touch in their layout, which impacts a senior's sense of stability and comfort. Considering walking around and experiencing the feel of:

- Doorknobs – 'lever' handles are considered easier to use than 'knob' handles for those with mobility issues in their handles
- Linens – the types of laundry soap, etc can impact irritability on sensitive skin
- Soaps – again, consideration of skin sensitivities
- Temperature – seniors often feel the cold more; the ability to access more blankets when sitting or sleeping can be helpful

Gustatory Cues (Taste)

Seniors can have a number of different dietary needs and can also have health issues that further affect their dietary concerns. These may include

- food allergies/sensitivities
- cultural food requirements
- important dietary requirements
  - Healthy Eating and Healthy Aging for Adults
  - Canada's Food Guide
- challenges with eating hard foods
  - Healthy Eating Guidelines for People with Chewing Difficulties

A senior may feel less empowered to speak out about their dietary needs and so this may be a point of discussion within the shelter orientation.

Structuring Time

Having consistent daily routines and structure will help seniors stabilize in the shelter. The trauma of homelessness has impacted their sense of safety and stability. While routines may be helpful, it is also beneficial to consider:

- Seniors may benefit from more control over time in accessing the shelter. This may include when they must wake up, leave the shelter, be able to return to rest during the day, and nightly curfews.
- Seniors may need more time to complete tasks and process information. This is particularly important when considering the structure of shelter orientation and case management.

Organizational Capacity Self-Assessment

This tool can be used to consider your organizations current orientation towards service with seniors and identify areas of potential improvement.

Management Questions

Seniors Perspective

1. Did your agency include the perspectives of seniors in its planning of program mission statements, policies and procedures?
2. If no, what steps does your agency plan to take to include seniors in its planning of program mission statements, policies, and procedures (e.g. consumer advisory boards, community advisory councils, advocacy groups)?
3. Are any of your agency's staff, board members, committee members, and/or consumer advisory board members from the senior/elderly/older community? Yes___ No___
4. If yes, what knowledge and skills do they have that can help your agency better serve this population?
5. If no, what steps does your agency plan to take to provide representation from seniors while offering services to its older adult population?
6. What are your agency's plans to ensure that client input is used in the planning of services and their delivery (e.g. focus groups, interviews, consumer advisory boards, surveys)?

Staff Experience and Training

1. Are any of your staff experienced in serving this population, either with your agency or with other agencies? Yes___ No___
2. If yes, what knowledge and skills did they gain to help your agency provide better services to the senior population (e.g. bilingual skills, established relationships with trusted community organizations, knowledge of neighbourhood, advisory board members)?
3. Which resources do you use to provide staff with training on providing services to seniors?
4. Has your agency offered staff opportunities to learn about Homeless Seniors and their needs? Yes___ No___
5. If yes, please describe how these learning opportunities can help your agency provide better services to this population.

Legal Requirements

1. Which legal requirements (e.g. anti-discrimination laws, population targeting requirements, translation requirements) regarding service accessibility apply to services you provide to homeless seniors?
2. Which steps does your agency plan to take to ensure that its policies, procedures, and services are aligned with legal requirements regarding service accessibility for homeless seniors (e.g. anti-discrimination laws, service population targeting requirements)?

Service Provision

1. Which services does your agency provide that would be the most valuable to homeless seniors?
2. When your services do not fit or are not valued in a community, what do you do to address or correct this?
3. Can you currently demonstrate organizational operational knowledge around serving the homeless seniors populations? Yes___ No___
4. If yes, how do you concretely demonstrate this knowledge?

Frontline Staff

Understanding Seniors

1. What have you learned about serving senior people that could be helpful in providing better services?
2. What feedback has your agency received about the senior perspective of your services?
3. How might your agency improve or enhance this perspective?
4. How would you characterize senior people accessing service (e.g. difficult to serve, need informal relationships, high dependency on care-giving networks)?
5. What is this characterization based on (e.g. data, feedback from individuals outside of the senior/older community, feedback from individuals within the older community, service providers, staff observation)?

Training and Resources

1. Which resources do you use to obtain current information on providing services to seniors?
2. Which organizations, including current partners, can assist your agency and staff with learning how best to serve an older population?
3. Is there additional training or technical assistance that would be helpful in serving seniors?

Service Delivery

1. Which services does your agency provide that would be the most valuable to homeless seniors?
2. What are the structural barriers that limit services for this group (e.g. transportation, health, literacy/education, income)?

   Structural Barrier Definition: Technical or logistical factors that limit a person's ability to access services

3. Which steps does your agency plan to take to reduce or eliminate structural barriers for homeless seniors?
4. What are the cultural barriers that limit services to homeless seniors (e.g. stigma of accepting help, values concerning gender/family roles, religious/spiritual beliefs)?

   Cultural Barrier Definition: A difference in cultural values and perceptions about treatment, care and services that limit a person's ability to access services

5. Which steps does your agency plan to take to reduce or eliminate cultural barriers to services for the homeless seniors population?

Demographic Assessment

What do national, state, and local data reveal about the needs of the senior community (e.g., education, income, living arrangements)?

a. Public transportation
   Good___ Fair___ Poor____

b. Economic stability of the people using services
   Good___ Fair____ Poor ___

c. Opportunities for community involvement (e.g. socialization, volunteerism, clubs)
   Good ____ Fair____ Poor____

d. Community-based supports (e.g. family, church, grassroots organizations)
   Good_____ Fair____ Poor____

e. Social service resources
   Good____ Fair____ Poor ____

f. Environmental conditions (e.g. pollution/air quality, community safety)
   Good____ Fair___ Poor___

1. How can the information from questions one to six influence the types of services your agency provides for homeless seniors?
2. Is this homeless population historically an immigrant community? Yes___ No___
3. If yes, how will the issue of immigration influence the types of services your agency provides (e.g. legal services, housing and employment)?

Outreach Considerations

1. How should outreach materials be improved or implemented to better serve the homeless senior population?
2. Do outreach materials show pictures of individuals from that population? Yes___ No___
3. Are outreach materials language-appropriate/bilingual? Yes___ No___
4. Do outreach materials discuss public accessibility of services (e.g. building accessibility and which bus line, subway stop, transportation companies provide access to the service area)? Yes___ No___
5. If no, what steps does your agency plan to take to inform the homeless seniors population of service accessibility?
6. How are outreach materials pilot tested/reviewed, and by whom in the community (e.g. focus groups, interviews, surveys, consumer advisory board)?
7. Do marketing/outreach materials indicate the availability of bilingual staff, including sign language interpreter(s)? Yes___ No___

Based on: Aging Agencies: *A Tool Kit for Serving Diverse Communities*
http://metro.kingcounty.gov/tops/kccsnt/pdf/admin-on-agings-toolkit-for-serving-diverse-communities.pdf

Shelter Audit – Serving Seniors

Use this tool to conduct a detailed walk-through of all areas of service delivery that may impact seniors. It is recognized that it will not be possible for the majority of shelters to meet all criteria (and some may not be desirable) but this tool provides opportunity for future considerations in shelter development. It is noted that some questions within this audit may not be specific to the service of senior populations. Questions that are directed specifically towards seniors are marked with an asterisk (*). It is further noted that some space requirements may not be required by funding providers in the Lower Mainland.

Admissions	Yes	No
Separate, private or quiet area where admissions can be done		
Admission area is well lit and has the equipment necessary to carry out an intake		
*Admissions area has enough room for advocates or community reps accompanying the senior		
*All printed material is 14 font or larger		
*All printed material meets document accessibility guidelines for seniors		
*Admission can be a staggered, i.e. the process does not require one sitting to complete. If the older person is not able to complete in one sitting due to health issues, then there is a process to continue later on		
*Admissions material is transcribed into audio to allow for sight impairments and literacy challenges older people may have		
*Admission forms are available in French and other languages representative of the homeless senior population being served		
*There is ability for interpretation if needed		
Admissions are done in a culturally responsive manner, and can identify resources that can increase service participation and support achievement of agreed upon goals. This includes attention to age, sexual orientation, and developmental level.		
The information gathered for admissions is limited to material that is pertinent		
Shelter residents participate in the intake process. Service plans are developed with the full participation of the senior which may include a guardian or significant other in the process		
The person is made aware of their rights and responsibilities within the program and there is a way to document this		

Services – Room and space use	Yes	No
*Accommodations for senior residents include single rooms whenever possible or rooms for two to four residents at the most		
*The shelter considers the number, age, special needs, and gender of senior shelter residents when grouping people together in a room		
The Shelter has the ability and space to maintain senior couples in a room if they request it		
All rooms have enough space to meet building code standards for room occupancy		
Rooms are adequately and attractively furnished with separate beds for each person. All rooms include clean, comfortable beddings and pillows		
There is a safe, lockable place to keep a senior's personal belongings and valuables at the shelter		
The shelter has adequate facilities for housekeeping, laundry, maintenance, storage, and related support functions		
*The kitchen facility is equipped properly to meet the meal needs of the program, which may include special diets for seniors and is licensed by the designated Public Health Authority when required		
*The shelter service collaborates with other senior homeless services providers and community resources to facilitate access to the continuum of community services		
*Shelter provides seniors safety from the streets and the elements		
Sleeping accommodations		
Food - up to 3 meals a day and two snacks		
Clean clothing when needed		
Personal hygiene supplies, safe, secure and private bathroom and shower facilities that are handicapped accessible		
A mailing address		
Information and referral to services people identify they need		
Connections and bridging to health and medical services		
Internet connections		
Phone access		
Fax machine access		
Newspaper access		
Postage stamps and envelopes for regular sized local letters when needed		

Safety and Security	Yes	No
The shelter monitors seniors safety and security on a regular basis using walk-arounds, security cameras and bed checks		
*Has established practices and measures to protect the safety of all seniors in its facilities or on its grounds		
*Has established safety protocols for seniors		
Trains staff on potential health and safety risks		
Follows legislated guidelines on health and safety for staff and residents and can demonstrate this		
Safety measures address seniors' security issues related to visitors if they are allowed on site		
Trains staff on non-violent intervention and self-protection techniques		

Support Services as Needed for Seniors	Yes	No
Case advocacy		
*Help with basic literacy		
*Transportation for housing searches and client needs		
*Can access routine medical care		
Access to clinical services including substance use and mental health services		
Harm reduction service within the context of the shelter program where possible		
*Interpretation is available or can be arranged including sign language		

Staffing	Yes	No
*Staff have an understanding of seniors homelessness		
*Understand the stigma and impacts of labeling on the older person being served		
Trained in first aid, CPR and Crisis Intervention		
*Educated in the area of senior individuals coping with substance use and/or mental health issues		
*Educated about senior individuals dealing with HIV/AIDS		
*Educated about senior homeless individuals and couples that have been victims of violence, abuse or neglect		
*Trained in gender and safety issues for older men and women		
*Educated around issues specific to older homeless adults		
*Educated about older persons with physical and or developmental disabilities		
*Staff and program managers can demonstrate they have the relational skills to engage older homeless people		
*Staff know how to find senior's community programs and how to access services		
*Staff understand public assistance programs for seniors, eligibility requirements and benefits, or know how and where to find this information		
*Staff are trained and understand the issues related to senior individuals involved with multiple systems		
*Staff are aware of local housing resources and housing limitations in the community for homeless seniors		

Program Managers/Team Leaders	Yes	No
The program director/supervisor has team leading experience which includes at least two years' experience with shelter or outreach services		
Team leaders/program managers have been trained and educated in the same areas as program staff		

Physical Environment Seniors Friendly	Yes	No
Washrooms – 2 washrooms available for facilities under 10 people and one washroom of the two is handicapped accessible		
Facilities 10 or under have 2 showers and one bath available. One shower or bath is handicapped accessible		
Washrooms facilities over 10 people – ratio of 3 washrooms per 10 people		
*Handicapped accessible washroom/shower for each sleeping wing/area		
Showers – ratio of 3 showers per 10 people		
*Seniors with mobility issues, in wheel chairs or sight impairments can be housed in bedrooms on the ground floor		
*Seniors with mobility issues, in wheel chairs or sight impairments can access and leave the shelter without difficulty		
*Seniors with mobility issues, in wheel chairs or sight impairments can move about the shelter and access onsite services such as meals without difficulty		
First aid supplies and kits are available on site		
Staff carry disposable gloves or there are accessible glove stations located throughout the facility		
*There is quiet space available for seniors away from the groups if they do not want to engage, such as a library or a book reading area is available		
Fire safety equipment is appropriate and up to code for the building		
Alarm and fire monitoring services are used and a dedicated alarm phone line is in place which will not cut verbal communications to the outside when activated		
*Dining facilities are adequate to accommodate people being served and takes into account wheel chair access		

Physical-Proxemics Control is Seniors Friendly	Yes	No
*Hallways allow for people to pass by wheel chair residents		
*Seniors in wheelchairs have the ability to navigate and turn around in a hallway 360 degrees without difficulty		
*Elevators meet required safety codes and can accommodate wheelchairs		
Elevator equipped facilities automatically return elevators to the ground floor		
Security cameras in place that can monitor 360 degrees of the outside property		
Staff can see who is at the entrance and choose to let them in or not		
Staff have to physically greet and allow people into the entrance area		
Entrance area is secure and prevents anyone from intruding into the shelter without staff physically letting someone into the rest of the shelter		
Hallways are well lit and can be monitored from staff work station locations		
*Doors to rooms open outwards in a safe manner where possible to prevent rooms being barricaded by a senior resident		
Rooms are lockable and staff are the only ones who can open a locked room		
Building keys and pass codes/cards are monitored, secured and tracked by staff at all times		
Kitchen facilities for shelters over 10 people are commercial grade, can meet the service needs of the program and can follow Canada food guidelines		
*Shelter meal plan for seniors is approved by a certified dietician and signed off		
Kitchen has adequate cold storage and dry storage		
Kitchen has a dishwasher/sanitizer		
Earthquake Kits and supplies necessary for the residents and staff in a secure location on site are in place		

Documents/Manuals	Yes	No
*Fire safety plan and fire drill procedures which take into account the evacuation of seniors		
*Staff orientation and training manual with seniors specific information		
Emergency contact numbers and shelter address posted in plain sight		
Disaster and emergency procedure plan including recording drill procedures		
Maintenance log and contact info for repair people		
WCB Accepted Exposure Control Manual		
Health and Safety protocols		
Health Link BC Files printed or web link available or hard files on site		
Work safe web link available or hard files on site		
Business license posted		
Poison control contact information in plain sight		
Media engagement policy		
Policy and procedures manual for the organization		
Organizational accountability chart		
Seniors specific information on Influenza/Flu control is available		

Dehydration Checklist for Seniors

A senior's behaviour may be influenced by underlying medical conditions. It is important to take the time to consider the potential medical issues underlying challenging behaviour before immediately assuming the need for behaviour management strategies. If the symptoms described below are observed in a senior this may be an indication of an underlying medical condition. It is helpful to remember that it may take some time before some of these symptoms become apparent and a review may be helpful at various times throughout a stay.

Use this checklist for information and referral purposes only. Each organization should assess the use of this form against their own liability concerns. It is not a substitute for assessment and diagnosis by medical professionals**. If use of this checklist results in concern for the health of a senior, consult medical advice immediately.** Staff should not attempt to use this tool to conduct their own diagnosis. Staff should also report any concerns to their supervisor in accordance to their organization's policy and procedures.

Please also consider the personal assessment of comfort and safety experienced by the seniors when using this tool. Some seniors may be uncomfortable with others touching them or may be less likely to disclose answers to some of the questions provided.

Possible Symptoms	Yes	No
Is there evidence or self-report of decreased skin turgor? *Skin turgor* is tested by grasping the skin on the back of the hand or lower arm between two fingers so that it is tented up. Hold the skin for few seconds and then release. Normal: The skin snaps rapidly back into position Decreased: The skin remains elevated and returns slowly to its normal position		
Is there observation or self-report of inadequate food and fluids?		
Has the senior experienced vomiting, diarrhea and/or is using diuretic agents? Diuretic list: http://www.drugsinfocom.com/diuretics-medicines/		
Is the senior using blood pressure control drugs, antidepressants, and/or alcohol? Blood pressure control drug list: http://heartdisease.about.com/od/drugsforheartdisease/a/htn_drug.htm		
Is there evidence or self-report of self-restricting fluid intake?		

Hypothermia Checklist for Seniors

A senior's behaviour may be influenced by underlying medical conditions. It is important to take the time to consider the potential medical issues underlying challenging behaviour before immediately assuming the need for behaviour management strategies. If the symptoms described below are observed in a senior this may be an indication of an underlying medical condition. It is helpful to remember that it may take some time before some of these symptoms become apparent and a review may be helpful at various times throughout a stay.

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Please also consider the personal assessment of comfort and safety experienced by the seniors when using this tool. Some seniors may be uncomfortable with others touching them or may be less likely to disclose answers to some of the questions provided.

Possible Symptoms	Yes	No
Do the senior's extremities (hands, feet, nose, ears) or trunk feels cool to the touch?		
Does the senior often report, or is there evidence to indicate, episodes of confusion and sleepiness?		
Does the senior have thick, slow speech?		
Does the senior demonstrate an unsteady, uncoordinated walk (wide base, feet thrown out: http://www.youtube.com/watch?v=FpiEprzObIU), known as ataxic gait?		
Does the senior show a marked rigidity in movement or posture with muscles that are seemingly tight?		
Is the senior demonstrating shallowness in their breathing?		
Does the senior have wet or insufficient clothing?		
Does the senior report burning pain affecting the hands or feet which feels like tingling or numbness		
Does the senior show weakness and/or clumsiness?		
Does the senior show irritability and/or combativeness?		

Urinary Incontinence Checklist for Seniors

A senior's behaviour may be influenced by underlying medical conditions. It is important to take the time to consider the potential medical issues underlying challenging behaviour before immediately assuming the need for behaviour management strategies. If the symptoms described below are observed in a senior this may be an indication of an underlying medical condition. It is helpful to remember that it may take some time before some of these symptoms become apparent and a review may be helpful at various times throughout a stay.

Use this checklist for information and referral purposes only. Each organization should assess the use of this form against their own liability concerns. It is not a substitute for assessment and diagnosis by medical professionals**. If use of this checklist results in concern for the health of a senior, consult medical advice immediately.** Staff should not attempt to use this tool to conduct their own diagnosis. Staff should also report any concerns to their supervisor in accordance to their organization's policy and procedures.

Please also consider the personal assessment of comfort and safety experienced by the seniors when using this tool. Some seniors may be uncomfortable with others touching them or may be less likely to disclose answers to some of the questions provided.

Possible Symptoms	Yes	No
Does the senior have thin skin that is chronically wet or damp?		
Does the senior's skin show signs of breaking down where clothing, jewellery, etc creates a source of friction?		
Does the senior have foot ulcers from constantly soggy shoes?		
Does the senior regularly wear multiple layers of clothing that are not easily removed when needing to use the bathroom?		
Does the senior report difficulty in knowing when their body is saying it needs to use the bathroom?		
Does the senior have a smell of urine on their person?		

Sleep Deprivation Checklist for Seniors

A senior's behaviour may be influenced by underlying medical conditions. It is important to take the time to consider the potential medical issues underlying challenging behaviour before immediately assuming the need for behaviour management strategies. If the symptoms described below are observed in a senior this may be an indication of an underlying medical condition. It is helpful to remember that it may take some time before some of these symptoms become apparent and a review may be helpful at various times throughout a stay.

Use this checklist for information and referral purposes only. Each organization should assess the use of this form against their own liability concerns. It is not a substitute for assessment and diagnosis by medical professionals**. If use of this checklist results in concern for the health of a senior, consult medical advice immediately.** Staff should not attempt to use this tool to conduct their own diagnosis. Staff should also report any concerns to their supervisor in accordance to their organization's policy and procedures.

Please also consider the personal assessment of comfort and safety experienced by the seniors when using this tool. Some seniors may be uncomfortable with others touching them or may be less likely to disclose answers to some of the questions provided.

Possible Symptoms	Yes	No
Does the noise in the environment impact a senior's ability to sleep? (This could come from in the shelter and on the street)		
Is there evidence, or does the senior report, that they are waking up on a more frequent basis? (This can be a natural part of aging)		
Does the senior report any ailments or problems that prevent them from finding a comfortable sleeping position?		
Does the senior wake up with stiffness & pain with difficulty falling asleep again?		
Does the senior awake to urinate and have difficulty falling asleep again?		
Does the senior indicate that they are afraid to fall asleep because they are afraid that they will stop breathing if they are not paying attention to respiration?		
Does the senior indicate that they have more stomach pain or problems at night that cause them to awake up in the night?		
Is there evidence, or does the senior report, sleepiness during the day and decreased functional capacity?		
Is there evidence, or does the senior report, experiencing hyperactivity, especially when trying to get to sleep?		

Seniors Increased Risk of Social Isolation and Stressors

If a senior will be moving to their own place, or currently has their own place, this tool may be used to consider concerns about social isolation.

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Increased social isolation stressors for seniors	Yes	No
Living alone		
Being female		
Being a single man		
Reduced social network		
Experiencing loss (spouse, home, job)		
Non-English background		
Lower education and/or literacy		
Low self-esteem		
Disabilities		
Chronically ill/poor health		
Experiencing ageism, abuse, sexism, racism or homophobia		

Based on: *Working together for seniors (2007)*: Federal/Provincial/Territorial Ministers Responsible for Seniors

http://www.seniors.alberta.ca/Seniors/docs/WorkingTogetherForSeniors.pdf

Suicide Risk Factors

Use this checklist for information and referral purposes only. Each organization should assess the use of this form against their own liability concerns. It is not a substitute for assessment and diagnosis by medical professionals. **If at any time you are concerned about the risk of suicide, consult mental health support immediately.** Staff should also report any concerns to their supervisor in accordance to their organization's policy and procedures.

Screening for Suicide Risk

SAD PERSONS is a common screening tool that can signal to seek mental health consultation for a more thorough risk assessment.

Indicators	Details
Sex	Men kill themselves four time more often than women, although women make attempts three times more often than men.
Age	High-risk groups: 15 to 24 years old, 45 years or older, and the elderly.
Depression	Depression is very common among those who attempt or die by suicide. A mood disorder, especially in the depressive phase, is the diagnosis most commonly associated with a death by suicide.
Previous attempts	A past suicide attempt is one of the major risk factors for future suicide attempts and deaths.
ETOH	ETOH (alcohol) is a risk factor for suicide. Studies have found alcohol to be present in 20-50 percent of all persons who die by suicide.
Rational thinking low	Any mental impairment (e.g. psychosis, hallucinations or delusions) severely affects judgment and rational thought and endangers the individual.
Social supports lacking	A suicidal person often lacks significant others (friends, relatives), meaningful employment, and community supports.
Organized plan	The presence of a specific plan for suicide (date, place, and means) signifies a person at high risk.
No spouse	Studies indicate that individuals who are widowed, separated, divorced, or single are at greater risk than those who are married.
Sickness	Chronic, debilitating, and severe illness is a risk factor.

Senior-Specific Risk Factors

Seniors make few suicide attempts compared to youth but are more likely than any other age group to die by suicide. Risk factors that are specific or exacerbated for older adults include:

- Increasing age
- Male gender; especially for Caucasians
- Being single or divorced, or living alone
- Social isolation/closed family systems, which do not encourage discussion or help-seeking
- Generational biases against the role of clinicians and therapists
- Poor physical health or illness; particularly inadequate pain control
- Hopelessness and helplessness
- Loss of health, status, social roles, independence, significant relationships
- Grief
- Depression
- Fear of institutionalization
- Frailty of elders – injuries may cuase more physical damage and their recuperative abilities may be compromised

Specific Considerations for Prevention and Treatment

- Include supportive family members in treatment planning
- Discuss the development of interests and support networks
- Assist seniors in securing adequate income/pensions and affordable, safe and supportive housing
- Assist older persons to find, maintain, and/or renew meaning and purpose in life
- Communicate with physicians and other health professionals about the warning signs of depression and suicide amongst older persons, especially with those that may have regular contact with a senior due to other health problems

Assessing Ideation, Intent and Lethality

In general, the client who is at the highest risk for suicide is one with the most risk factors occurring concurrently. This tool is best used in the context of a collaborative conversation with the person who may be at risk for suicide rather than simply completing a checklist. Questions may be asked as is appropriate for the current situation.

Area	Question	Answer
Ideation – Frequency, Intensity, Duration	Have you ever thought about trying to hurt yourself?	
	Have you ever wished you were dead?	
	Do you ever have thoughts of killing yourself / thoughts of suicide?	
	How often do you think about suicide – daily, weekly or monthly?	
	How long do these thoughts last – seconds, minutes?	
	How severe or overwhelming are these thoughts?	
	Could you rate the intensity on a scale from one to 10?	
	Do you intend to hurt yourself?	
	Have you ever attempted suicide?	
Intention	Do you have any intention of acting on the thoughts of suicide?	
	How strong is your intent?	
Specificity of Plan(s)	Do you have a plan to hurt yourself? Do you have a plan to kill yourself?	
	When, where and how?	
	Do you have [methods described above]? Do you have access to [methods described above]?	
	What level of self-control is demonstrated (subjective and objective markers)?	
	Do you feel in control right now?	
	Have you had times when you felt out of control? How often do you feel out of control?	
	When you felt out of control, what were you doing? Were you drinking, using any substances?	

Area	Question	Answer
Reason for Living and Dying	Have you ever thought that life was not worth living?	
	What's kept you going in the past when you've had these thoughts?	
	What keeps you alive right now? What keeps you going?	

Lethality of Suicide Attempts Rating

CASE Approach

The case approach seeks to improve the ability of staff to obtain accurate information to assist in their assessment of suicide risk. It uses three specific techniques:

Behavioural Incidents

- Ask questions about specific facts, details or trains of thought rather than opinions, e.g. "When you say you 'threw a fit', what exactly did you do?"; "Exactly how many pills did you take?"; "What did you do next?"
- This technique can be used to recreate an episode using a series of behavioural incidents

Gentle Assumptions

Gentle assumptions communicate the acceptability of a behaviour that a client may otherwise be embarrassed to disclose by indicating the assumption that the behaviour is already occurring.

- For example, ask, "What other ways have you thought of killing yourself?" rather than "Do you think of other ways to kill yourself?"

Denial of the Specific

This technique recognizes that specific questions can more easily trigger recollection and that it is also harder to falsely deny a specific question compared to a generic question.

- For example, ask, "Have you thought of overdosing?" following a denial of the general question, "Have you thought of killing yourself?"

Based on: Working with the Client Who is Suicidal: A Tool for Adult Mental Health and Addiction Services

http://www.health.gov.bc.ca/library/publications/year/2007/MHA_WorkingWithSuicidalClient.pdf

Women Specific Considerations

There are a number of reasons that an older woman may be hesitant to access a shelter. As you review this information, consider how your shelter may take action to mitigate some of these concerns.

- An older woman may have a deep attachment to home, keepsakes, photos, friends and neighbours who may have been part of her life for many years
- An older woman may fear losing a treasured pet, being institutionalized or having her decision-making rights taken away by service providers
- Older women may have been raised within a family philosophy that stressed, 'you made your bed, you lie in it', along with the notion that you don't share your family problems with outsiders
- An older woman may be geographically and socially isolated
- Many older women have mobility problems and have to make special arrangements for transportation
- An older woman may have the inability to communicate in English

Factors that May Impact Shelter Use

Issue	Details	Shelter Considerations
Noise	Older women often need a quiet space away from general chaos	Is it possible to create a quiet space that can allow older woman to retreat from general shelter activity?
Time	Older women may need longer time to explore their options, gain appropriate information and quietly reflect on their situation	How can the case management process be adjusted to allow older women sufficient time to reflect and participate in their own case planning?
Accessibility	Mobility, hearing or sight issues may prevent an older woman from accessing all areas of the site	Are there any areas within your sight that are not easily accessible by those with mobility and other issues? Is there anything that can be done to mitigate this? Are there other places that seniors with these issues can be referred if these issues cannot be easily mitigated?

Issue	Details	Shelter Considerations
Communal Living	Sharing with strangers can be foreign for older women.	Is it possible to limit the number of other people that any older women must share her room with? Is it possible to ensure that older women primarily share with other older women?
	Chores that are part of general shelter participation may be emotionally or physically difficult for older women.	What chores may be most physically appropriate for older women? What conversations should happen with older women before assigning chores within the shelter?
	Other families in the shelter may have specific expectations around how older women will 'grandparent' their children.	What conversations might staff have on intake with both older women and those with children to help manage expectations around the involvement of older women with children?
Language and Culture	Accessing a shelter may not be considered appropriate with the culture of an older woman.	How can your shelter engage with an older woman who is expressing concerns to feel more comfortable accessing the supports of the shelter if needed? If women from particular cultures are more likely to access the shelter, what resources in the community could be accessed to assist in this area?
	Older women may have had little need to use English and may be embarrassed about not being able to communicate well with English-speaking staff.	Are written instructions available in languages of those who regularly access the shelter? Are translation services easily accessible when required?
Other Potential Assistance	Older women may need assistance obtaining and managing their medication and may struggle to ask for help.	How can these issues be addressed in the most welcoming way as soon as possible? How can the needs of the older women be met while balancing the expectations of staff work requirements?
	Older women may be embarrassed about asking strangers for help with personal hygiene.	

Based on: How to Establish Specialized Refuge and Support Services for Older Abused Women
http://www.bcsth.ca/sites/default/files/publications/BCSTH%20Publication/Women%27s%20Services/Safe%20Homes%20Manual.pdf