

# **A Strategy for Homeless Seniors Living in the Downtown Eastside**

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# Executive Summary

## Introduction

Seniors are more at risk of becoming homeless for many different reasons. A lack of income to pay for housing along with a shortage of affordable and secure housing is a major problem that residents of the Downtown Eastside and the City of Vancouver are facing. Deteriorating physical and mental health, exposure to violence and abuse, social isolation, discrimination, death of a partner and relationship breakdowns are all factors that can increase the risk of homelessness for seniors. Trends have demonstrated that the number of the homeless population continues to rise and the number of available and affordable housing continues to decrease. The Vancouver housing crisis has made it virtually impossible for homeless seniors to obtain and maintain housing. Furthermore, with the undergoing demographic changes of the aging Canadian population, it is highly probably that a portion of the older population will be at great risk of experiencing homelessness in their lifetime.

This report will seek to provide a Government-relations advocacy strategy for First United Church Community Ministry Society (FUCCMS). This will be achieved by analyzing existing research, theories and current practices in place to address the homeless problem amongst seniors. This research also includes qualitative interviews conducted with seniors who are homeless, are in temporary shelters, in transitional housing, are currently living on the streets, or whom have previously experienced homelessness.

Research questions for this report were developed with input from FUCCMS shelter case planners.

Primary Question: *What viable solutions can be developed to address the lack of Government and Outreach support for seniors?*

Secondary and supplementary questions:

*What measures need to be taken in order for FUCCMS to obtain the support and assistance from other organizations through collaboration in order to strengthen their ability to influence the appropriate Government departments?*

*What can be learned from existing and new research at a national, provincial and municipal level that can be applied to guide recommendations and foster equitable housing for seniors?*

## Key Findings

- Five pathways to homelessness have been identified in the literature and were confirmed in the qualitative research findings to better understand the prevalence and mitigating factors of homelessness among seniors. The pathways discussed were recognized as having the most influential risks to homelessness. The pathways are: housing crisis, family breakdown, substance use, mental health and youth to adult (Chamberlain & Johnson, 2011).

- Barriers to housing identified in the literature review and the qualitative research highlighted factors that need to be heavily weighed on in the planning and development of policies regarding seniors and homelessness. The barriers to housing have been identified in this report as: affordable, available and appropriate housing, income and finances, substance use and mental health and well-being.

- Throughout the literature review and qualitative interviews research findings has brought to light the emerging theme for the need of community development through engagement of all stakeholders. The collaboration and engagement of all levels of Government has been emphasized as a crucial component to the success in addressing the homelessness problem amongst seniors.

## Recommendations

The results of this research project on seniors who are homeless or at risk of homelessness identified the following tactical and strategic recommendations:

- It is recommended that the results of this report be brought forward to the attention of BC political parties in an effort to raise awareness of the imminent issues. It is also recommended to request the electoral candidates to place the needs of seniors on their agenda and as a priority so they can advocate to higher levels of Government upon election.

- It is recommended that the client implement community awareness and informative sessions that aim to educate seniors of the existing services, programs and benefits available to them.
- It is recommended that the client form a coalition with other organizations that share similar goals, and advocate for special consideration to be given to seniors regarding age appropriateness and eligibility for support program such as the Canadian Pension Plan and Old Age Security.
- It is recommended that a stakeholder analysis be conducted for FUCCMS in an effort to identify stakeholder contributions and their influential powers.
- It is recommended that through coalition, advocacy to the municipal, provincial and federal Government be made in an effort to address the issue that seniors need to be placed on a higher level of priority in obtaining housing that is affordable and appropriate.
- It is recommended that further evaluation be considered to ensure seniors who require additional supportive housing have accessibility. It is also recommended that this research project be leveraged by the client to seek additional research data regarding the unique needs of seniors and how their needs can best be met through service delivery and housing.
- It is recommended that the client engage and encourage participation in data collection and tracking of the community as to be able to obtain more accurate counts of homelessness. These numbers can assist decision and policy makers to measure the gravity of the issue, track success and foster accountability in the delivery of programs and initiatives aimed to alleviate the problem of homelessness.

In essence, the accomplishment of these goals and objectives require the complete collaboration and involvement of the federal, provincial and municipal Governments as well as all key players. This is fundamental to the abolition of homelessness. Strategies targeted to address community deficits require the Government and other senior partners to develop strategies that offer comprehensive support; without the involvement, cooperation and contribution from all stakeholders, the homelessness crisis will not cease to exist.

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# Terminology

## **Substance use**

The term “substance use” will refer to all types of drug and alcohol use. It will be utilized in place of the traditional label of “drug use” and “drug abuse”.

## **Downtown East side**

Downtown Eastside Community is defined in this report as a neighborhood in Vancouver known for its poverty, high rates of homelessness, illicit drug use, crime and prostitution. This area comprises the neighborhoods of Chinatown, Strathcona, Gastown, Victory Square and Oppenheimer/Japantown.

## **Seniors**

Refers to individuals who are 55 years and older.

## **Absolute Homelessness**

Refers to individuals who are living in the streets or in temporary shelters.

## **At-Risk of Homelessness**

Refers to individuals who are at imminent risk of homelessness or who are precariously housed.

## **Shelters**

Refers to shelters, temporary nightly shelters, emergency shelters, winter response shelters, transitional housing and no fixed address locations.

## **Unsheltered**

Refers to people living in public spaces or in places that are not intended for permanent human habitation.

## **Hard-to-house**

Refers to seniors who have a variety of needs, which hinders their ability to secure housing as they are seen as problematic individuals. Problematic behavior refers to individuals who may have regular involvement with the criminal justice system, substance misuse and/or lack of insight into personal care and hygiene.

## **1.0 Introduction**

This project is a strategy that seeks to provide support to homeless seniors living in the Downtown Eastside of Vancouver and First United Church Community and Ministry Society (FUCCMS). The overarching goal is to provide FUCCMS with a Government-relations advocacy strategy and hopefully identify emerging trends and provide solutions that could alleviate the current homelessness crisis for seniors.

### **1.1 Defining the Problem**

The problem defined in this project is multifaceted. First, it looks at the current homeless crisis in Vancouver with a focus on the aging population of seniors. The aging population of seniors in this report is defined as seniors who are 55 years and older. Subsequently, it attempts to identify different contributing factors of homelessness. Lastly, it focuses on the lack of support and challenges seniors face financially including social income supplementation available to them and financial changes. This advocacy strategy is needed because homelessness amongst seniors has been identified to be a real problem. Advocacy has been identified as extremely effective at making changes as it encourages policy makers to take action (National Alliance to End Homelessness, 2010, p.1). Furthermore, in order to better achieve an organization's mission and improve the success of a community to ending homelessness, an advocacy strategy can help by gaining more resources to prevent and ultimately end homelessness (National Alliance to End Homelessness, 2010, p.1). This report will focus on an area that the client has identified as lacking support and a real problem that needs serious attention. A Government-relations advocacy strategy will therefore aim to help FUCCMS by determining the appropriate Government levels that it should reach out to. Government relations can assist an organization's position with Government agencies, resource development and with fostering relationships that can be leveraged to achieve certain goals (Alliance, 2015). This strategy will also seek to discuss ways to advocate to various levels of Government for better public policy that can help seniors who are homeless or at risk of becoming homeless.

The homeless Count and lack of affordable housing in the City of Vancouver continues to rise despite the positive measures that have been taken by the Provincial and Municipal Government to alleviate this crisis. It has been established that the homeless population of seniors in Vancouver is on the rise and continues to increase (Thomson, 2016, p.5). In just the last five years the number of seniors waiting for subsidized housing has increased by 38% (Pauly, Cross & Weiss, 2016). Furthermore, the two largest groups amongst the homeless population in Metro Vancouver are middle-aged adults between the ages of 35 to 44 years and 45 to 54 years old (Thomson, 2016, p.38). This is important because policies need to focus on mitigating this outcome and be able to provide support to these cohorts when they reach their senior years. According to StatsCan the number of people aged 80 and older is expected to more than double to 3.3 million by 2036 (2018, para.4). In recent years, the most significant growth in population has indeed been witnessed in groups aged 55-59 years and those over the age of 90 (City of Vancouver, 2010. p.7). The increase in age is essentially important because seniors tend to require greater home support and more complex care as they age. The situation worsens if these individuals are subject to low-income, who experience serious life events, have mental health illnesses and have drug and alcohol addictions thus making them even more vulnerable and more at risk of homelessness. According to Macdonald et al. (2004), homeless seniors have an increased incidence of drug and alcohol problems when compared to the general population (2004). Seniors with addictions and substance abuse problems face even greater challenges. In 2004, they were reported to compose the most marginalized and transient population in Canada and there was a large deficit in the resources available to help (Macdonald et al., 2004). Over a decade later, the most recent Homeless Count has demonstrated an increase in the number of seniors who are homeless and the number of resources available to help is still lacking by large (BCNPHA, 2017, p, 15).

Patterns of substance use amongst homeless individuals and mental health are important factors to understand when looking at the complex relationship they all have. Studies have certainly considered the connection and association between homelessness, poor mental health as well as substance use and have found some interesting factors. Drug and alcohol use have been found to precede homelessness and its use can furthermore worsen or be a direct response to coping with the challenges associated with homelessness or the fear of becoming homeless (as cited in Pauly, Reist, Schactman, Belle-Isle, 2011, p.3). Individuals with housing instability have an increased

risk of losing their housing if they use substances but substance use alone does not signal a problematic lifestyle (Homeless Hub, 2017). Other key determinants in the development and growing rates of homelessness include income, employment, affordable housing and mental health policies (Pauly, Reist, Schactman, Belle-Isle, 2011, p.3). Seniors and women are considered a vulnerable population, more at risk and more susceptible of “falling through the cracks” due to systemic failures, structural factors and life circumstances (Bernie, Cross & Weiss, 2016 p.6). The demographic of homeless seniors is deemed to affect only a small number of seniors in Vancouver. These numbers are, however, high enough to have a lack of emergency shelters and housing for them. Emergency shelters in Vancouver have been at a 97% occupancy rate from 2011 until 2016 (as cited in Pauly, Cross, & Weiss, 2016). This is the case because Vancouver is lacking in appropriate housing for seniors and many shelters are limited in their ability to accept and help individuals who are beyond their level of care (Fister & Gibillini, 2004).

Seniors with substance addictions are much more susceptible to becoming homeless for a number of reasons but a common theme amongst them is their inability to properly manage their finances. Income assistance programs such as welfare help alleviate extreme poverty by providing monthly payments to people who have little or no income (Government of British Columbia, 2016, p.5). These programs have direct payment options where the monthly rent of the individual is automatically deducted and given to the landlord. This helps ensure that their rent is always paid on time and never missed. The need for these individuals to “manage” their funds is lessened because it is automatically done for them and they do not have to worry about being evicted due to missed rent payments. When these individuals stop receiving income assistance and start receiving their Pension (CPP) or Old Age Security (OAS) they are now receiving a lump sum amount at the end of the month. The Government no longer pays their rent directly and it is now left to the seniors to manage their funds. The challenge rests with individuals who have substance abuse problems and or have little or no money management skills. As seniors deal with their addictions they are at a very high risk of getting displaced from their homes primarily due to their lack to manage their money and pay their rent on time.

This project is seeking to address a specific gap amongst a specific demographic, seniors who are homeless or at risk of homelessness. FUCCMS has identified that more advocacy is needed for more resources, funding and housing from the Government to help alleviate this problem. Advocacy has been defined as “a collective effort to bring about changed to political priorities, funding levels, legislation, regulations or policies” (Falvo, 2017, para.2). This project will examine the problem further and provided recommendations.

## 1.2 Project Client

The client for this project is First United Church Community Ministry Society (FUCCMS). They have been a committed non-profit organization fighting for social justice and helping its community members for over 130 years. Their involvement in helping the community and providing their services even dates back to the 1930s, the Great Depression era, where FUCCMS provisioned the city of Vancouver by providing daily meals for over 1200 people (FUCCMS, 2016). In 2008, FUCCMS established its low-barrier shelter and focused their efforts on outreach services. The organization has a strong community involvement and they provide support on many different levels (FUCCMS, 2016). Their programs provide help and they seek to empower individuals who live with addiction, mental illness, and homelessness (FUCCMS, 2016). Their growing challenge is identifying ways and finding viable solutions to help their clients (particularly vulnerable seniors) and offering them the support they need to find and maintain stable housing the in the Downtown Eastside (S. Kallstrom & S. Kergin, personal communication, November 1, 2016).

This report is also being prepared for two Shelter Case Planners who have identified a real problem in their inability to properly help and manage the crisis of homeless seniors (S. Kallstrom & S. Kergin, personal communication, November 1, 2016). Shelter Case Planners at FUCCMS have direct contact with their clients and work in collaboration with other Downtown Eastside agencies (S. Kallstrom & S. Kergin, personal communication, November 1, 2016). Their responsibilities are to provide individualized services to those living in the shelter or who are part of the community. They provide case management support and counseling to help their clients with financial stability, safe and secure housing, court and mental health support, treatment and recovery, immigration, social assistance, old age security assistance and

community engagement (S. Kallstrom & S. Kergin, personal communication, November 1, 2016). Stephanie Kallstrom and Sarah Kergin will be supervising the project on behalf of FUCCMS. They are both directly exposed to the challenges and limitations as they seek to help homeless seniors. Their experience and expertise will assist in the development of this report.

Shelter case planners are also heavily involved in legal advocacy and they work very closely with their clients. FUCCMS helps upwards of 2,800 cases every year, each case being very unique and requiring special attention from the case planners (FUCCMS, 2017). Their involvement and investment with the community is very strong and crucial to their operations. The community investment and stakeholder relations are very important to FUCCMS and they thrive to maintain the integrity of their organizational values and mission. FUCCMS is committed to “empowering people to assert their legal rights and make their voices heard [as well as] to offer an unwavering presence in the community and creating a sense of consistency in an ever changing and volatile environment” (FUCCMS, 2017, The Hub).

### 1.3 Project Objectives and Research Questions

This report will seek to identify the appropriate Government bodies and the role they can take in helping the housing crisis for seniors. This report will also identify the main issues and challenges faced by seniors who are homeless or at risk of becoming homeless.

A fundamentally different approach is required to ending homelessness and this is centered on the type of assistance and support that can be provided to seniors. Recommendations made will offer an approach that will seek to provide seniors with housing that is appropriate and caters to their individual and unique needs.

The objectives of this project are achieved by analyzing existing academic research, theories and professional literature on non-profit organizations, coalitions and efforts taken towards reducing the homelessness and housing crisis in Vancouver. One-on-one interviews with seniors who are currently homeless, have experienced or are at risk of becoming homeless are included and have assisted in answering the research questions of this report. Interactions with seniors who are currently staying at the FUCCMS shelters or are community members have helped in obtaining a greater understanding of how FUCCMS directly helps and impacts the community of the Downtown Eastside. It has also assisted in developing a deeper knowledge on the impact or lack

thereof of the current policies and assistance programs geared towards helping seniors find and maintain equitable housing.

The following report seeks to answer the following research questions:

Primary research question: What viable solutions can be developed to address the lack of Government and outreach support for seniors?

Secondary and supplementary questions to support the primary research question are:

1. What measures need to be taken in order for FUCCMS to obtain the support and assistance from other organizations through collaboration in order to strengthen their ability to influence the appropriate Government departments?
2. What can be learned from existing and new research at a national level that can be applied to guide recommendations and foster equitable housing for seniors?
3. What are the current experiences and perceptions of seniors regarding their current living situation and the housing crisis? In their opinion, what could be done to alleviate the current problem? How will the data acquired from the participants help in the development of an advocacy strategy?

## 1.4 Background

The social problem of homelessness was not declared a “social problem” in Canada until the 1980’s (Woolley, 2015, para.6). Prior to that, homelessness existed in fewer numbers and in different manners; furthermore the Canadian Government focused on rehousing people rather than using today’s housing initiative methods (Woolley, 2015, para.6). The Canadian Government’s objectives were more focused on providing adequate housing for everyone, which helped with keeping citizens housed but was not very helpful for individuals who were already living in the streets. The Government’s housing initiatives methods were deeply invested in providing adequate housing for all by ensuring everyone was housed and also by establishing many of the services we know today as unemployment insurance, old age pension, universal healthcare insurance, and the Canada Assistance Plan (Woolley, 2015, para.11). Smith (2007)

explained that the 1960's and the 1970's were described as a time when resources were increased to support community groups in an effort to make changes and reform objectives in Vancouver (as cited in Roe, 2009/2010, p.78). Activist organizations during these two decades pushed for the Province to take greater responsibility for the needs of disadvantaged communities and successful transitions took place as a result because these groups became legal advocates and program directors for non-profit organizations (Roe, 2009/2010, p.78).

Redevelopment and gentrification lead to an increased concentration of poverty and abjection in the Downtown Eastside. A gradual loss of low-income housing in different parts of Vancouver along with the de-institutionalization of many patients with mental health problems drove people to the Downtown Eastside for housing that was more affordable (Vancouver Agreement, 2016, para.2). Towards the 1990's, the Downtown Eastside became a site for HIV/AIDS health emergency for drug users and this caused a shift in health and social service policies as they moved towards harm-reduction movements (Roe, 2009/2010 p.75). The illicit drug situation worsened throughout society during this decade and more individuals with addictions came to the Downtown Eastside, thus turning it into an epicenter for drug use and drug related crimes (Vancouver Agreement, 2016, para.3). Towards the end of the 1990's, the City of Vancouver approved "A Program of Strategic Actions for the Downtown Eastside" in an effort to address issues concerning homelessness, substance abuse, crime, safety, poverty and health (Vancouver Agreement, 2016, para.4). Part of this program included housing policies that sought to maintain and expand housing opportunities in Vancouver for low and moderate income households, with priority being given to Downtown lodging house residence, elderly people on fixed and limited incomes, the physically and mentally disabled, and single-parent families with children (Vancouver Agreement, 2016, para.4).

At the federal Government level, efforts were taken to address the issues of homelessness nationwide by launching the "Supporting Communities Partnership Initiative (SCPI)" and "National Homelessness Initiative (NHI)" in 1999 (RSCH, 2014, p.6). This 3-year project cost \$753 million with pro-active efforts to prevent and decrease homelessness by directly giving funds to communities across Canada (RSCH, 2014, p.3 and p.6). Through community discussions, community workshops and open web-based outreach, SCPI identified a number of alarming factors concerning homelessness and sought to provide a plan geared towards

community improvement (RSCH, 2014). The SPCI is considered to have been well designed and successful because it yielded a better understanding and elicited community awareness surrounding homelessness (RSCH, 2014, p.1). Of the participating communities, Vancouver was on top of their list as having one of the most serious problems with absolute homelessness (HRDC, 2003 p.8). The program initiative had an Aboriginal homeless component, a youth employment strategy, a residential rehabilitation program and a shelter enhancement program (HRDC, 2003, p.7) there was, however, no mention of a component that specifically attended to seniors facing or at risk of homelessness.

While the SCPI model displayed a number of key success factors, there were many gaps and areas that needed improvement. One of the biggest issues was that the program only had a three-year time frame placed on communities to carry out all consultations and execute the planning process (HRDC, p.75). With such a short time frame, it is challenging to plan accordingly and effectively implement solutions that would be injected into the communities with success. The demand from communities to address the issues surrounding housing facilities and services were identified as needing to be done in conjunction and partnerships with Governments and this opened the potential of increasing collaboration between federal, provincial and municipal Governments (HRDC, p.61).

Different levels of Government started taking several initiatives at the onset of when the problem of homelessness began to grow and to gain the attention of policy makers. However, many decades later the problem has only gotten worse and it is evermore evident that strategies to reduce and eliminate homelessness need to shift and change to fit with the contemporary and evolving needs of society. The background section of this report has sought to identify when the problem really began and what steps were taken by the Government to address it. The initiatives mentioned above have demonstrated that little or no attention has been given to particularly address the aging population in its implementation.

## **2.0 Literature Review**

### **2.1 Introduction**

The review of literature for this report will seek to provide an overview of the current research and best practices related to homeless seniors. The goal of this review is to inform the reader about what has been learned on this topic, outline existing gaps in the literature, discover emerging themes and examine potential solutions and recommendations.

The sources reviewed in this report are primarily retrieved from academic search engines, general Internet searches and website reviews. The results were gained using targeted searches with keywords and terms that included: homelessness, homeless seniors, drug and alcohol use amongst seniors, Downtown Eastside, poverty, seniors living with substance abuse, mental illness, senior housing and senior community development. There are a number of academic reports, studies and reviews addressing the prevailing challenges to the aging population in Canada. Particularly, there has been a large amount of reporting on the increasing number of homeless seniors. This report is organized according to relevant areas that contribute to the present understanding of homelessness among older people. The literature for this report will be divided by themes that will include the homeless population, shelters and transitional housing and gender challenges.

### **2.2 The Homeless Population / the Homelessness Challenge**

Procuring accurate numbers of homeless individuals is a challenging task because many lead transient lives, often choosing to live in the streets rather than shelters and as a result cannot be enumerated otherwise. Due to the extreme weather conditions and responses in Metro Vancouver during the harsh winter of 2016-2017, the doors were opened to get a more truthful count of homeless people in Metro Vancouver. In addressing the extreme weather conditions, the BC Non-profit Housing Association (BCNPHA) opened a number of Extreme Weather Response (EWR) shelters (BCNPHA, September 2017, p.4), thus affording researchers and the City of

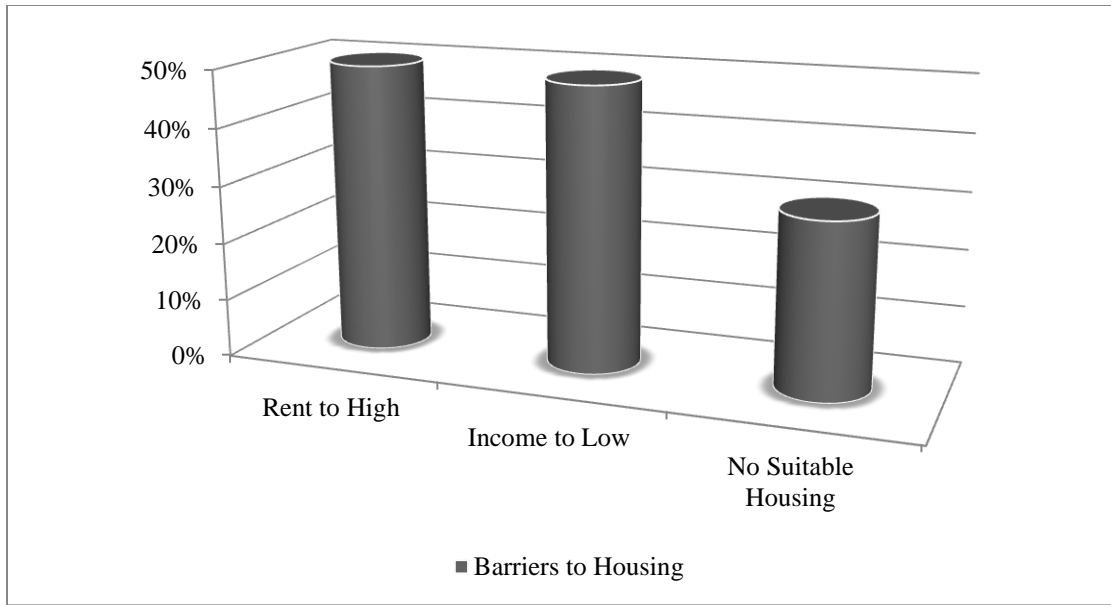
Vancouver with the opportunity to see the severity of the homelessness problem. This section of the literature review will incorporate the results of this study in an effort to obtain a better understanding of the homeless population and the adverse challenges of homelessness. Pathways to homelessness have been identified in several research studies which seek to serve as predictors to the phenomenon of homelessness (Chamberlain & Johnson, 2011, p.61; Laere, Wit & Klazinga, 2009, p.7; Crane, Byrne, Fu, Lipmann, Mirabelli, Rota-Barlink, Ryan, Shea, Watt & Warnes, 2005, p.s158). These pathways will be examined and discussed in an effort to understand how the research can be applied to homeless seniors living in the downtown eastside.

Many studies have been conducted globally to try and understand the reasons behind homelessness, its prevalence and mitigating factors. As the demographic of homeless population changes, several studies suggest that homeless adults experience homelessness for the first time in late middle age (Brown, Goodman, Guzman, Tieu, Ponath, Kushel, 2016, p.12). Individuals becoming homeless later in life are becoming increasingly more common over those who are chronically homeless throughout their life (Grenier, Barken, Sussman, Rothwell, Lavoie (2012, p.7). Other studies do, however, argue that many seniors who are homeless have experienced long-term homelessness, that is from youth to adulthood and certain factors influence the length of the experience (Phelan & Link, 1999, p.1336). The newly homeless population is generally characterized as being low-income adults or individuals who experienced a financial or health crisis after a lifetime of being employed and housed (Brown et.al. 2016, p.2). Seniors represent a very diverse group with distinct life course experiences and their problems can be heightened by a shortage of subsidized housing (Brown et. al, 2016, p.2). A research conducted by Chamberlain and Johnson sought to determine pathways of homelessness amongst adults (2011). Their study identified five “ideal” pathways to homelessness (Chamberlain & Johnson, 2011, p.61). These pathways are termed as ‘housing crisis’, ‘family breakdown’, ‘substance abuse’, ‘mental health’ and ‘youth to adult’ (Chamberlain & Johnson, 2011, p.60). Other studies have identified the most influential risks to homelessness for individuals later in adulthood as low-income, imprisonment, substance abuse, mental and physical health issues, victimization, lack of family and social networks (Crane et al., 2005). The research that seeks to understand reasons, indicators and predictors are comprehensively vast. The five pathways that have been identified by Chamberlain and Johnson will be used in this section of the report however, keeping in mind that they do not resemble a typical pathway for everyone. Chamberlain and Johnson’s (2011)

research will be reviewed and applied to provide a better understanding of the characteristics of the homeless population in the Downtown Eastside Vancouver. Chamberlain and Johnson's pathways have been identified as "ideal typical pathways into adult homelessness" and for those reasons they will be studied further in the literature of this report. Many researchers have studied these pathways and have applied Chamberlain and Johnson's findings in their research (Collins, 2013, p.65: Gaetz, Donaldson, & Richter & Gulliver, 2013, p.33: Kisor, & Kendal-Wilson, 2002, p.364).

### **2.2.1 Housing**

The first pathway identified as the 'housing crisis' refers to low-income and financial hardship (Chamberlain & Johnson, 2011, p.64). The experiences of individuals who are on the housing crisis pathway and their lack of finances are argued to eventually have resulted or caused homelessness (Chamberlain & Johnson, 2011. p.64). In 2012 the largest increase in applications for affordable housing in Vancouver was among seniors (Pauly, Cross and Weiss, 2016, p.11). Rent supplements and the level of financial resources for seniors have not increased and they are not keeping up with increases in inflation, cost of living and rent (Pauly, Cross and Weiss, 2016, 12). Chamberlain & Johnson's low-income and financial hardship pathway has been identified in other studies as a structural factor that drives homelessness and an indicator that needs attention (Grenier et al., 2013; Brown et al., 2016). In seeking to identify barriers to finding housing, the BCNPHA initiative was able to determine in the 2017 survey that high costs of rent and a lack of income were the most common barriers to housing across Metro-Vancouver (March, 2017, p.20.).



**FIGURE 1 BARRIERS TO HOUSING**

Adapted from 2017 Homeless Count in Metro Vancouver, Final Report, September 2017, by the BC Non-profit housing association. Retrieved from: <http://www.metrovancouver.org/services/regional-planning/homelessness/HomelessnessPublications/2017MetroVancouverHomelessCount.pdf>

Figure 1 represents the main barriers to finding housing. High rental prices came in first (50%), followed very closely by lack of income (49%) and lastly with no housing available (30%). The BCNPHA reported that seniors who are aged 55 and over account for 21% of the homeless population in this survey; a number that is greater than any past Count year and one that continues to grow (BCNPHA, 2017, p.15). The cost of housing and lack of income has increased by 23 % in comparison to 18% in the 2014 survey (BCPHA, 2017, p.43). Research studies have shown support for links between financial strains, high cost of housing and homelessness. Chamberlain & Johnson (2011) argued that people experiencing a financial crisis precipitated their homelessness; furthermore, they indicated that poor financial situations eventually resulted in homelessness (2011, p.64). Mitigating factors to address the risk of homelessness can be taken when a financial crisis occurs to intervene and provide support to the individual (Brown, Goodman, Guzman, Tieu, Ponath, Kushel, 2016, p.13). Even if solutions can be found for the first two barriers (high rental prices and lack of income), the problem cannot be alleviated if there continues to be a shortage of suitable housing.

### **2.2.2 Family Breakdown**

The second pathway identified by Chamberlain and Johnson (2011) was family breakdowns. This pathway had two characteristics or patterns associated to domestic violence or the failure of a relationship within the family which usually resulted in one partner leaving the family home (Chamberlain & Johnson, 2011, p.65). Existing literature also demonstrates a growing concern on factors of eviction such as the loss of a spouse for homelessness amongst seniors (Greater Vancouver Shelter Strategy, 2013). The two characteristics do not need to be correlated; studies have shown that the loss of a partner can be a sufficient factor that can lead an individual to homelessness. Research on homeless adults suggests that there are in fact different factors as well as triggers of homelessness for individuals who become homeless in early adulthood, middle age, and late life (Brown, et al., 2016 p.17). This particular study indicated that those who became homeless late in life had experienced the death of a spouse or domestic abuse (Brown et al., 2016, p.17). Subjects of domestic violence or those experiencing a family breakdown usually were in debt and did not have sufficient funds to rent a property on their own, furthermore those leaving their homes under such circumstances often left behind all of their possessions (Chamberlain & Johnson, 2011, p.48). A primary factor leading to homelessness for women was also identified as relationship problems and disputes with family members (Kisor, & Kendal-Wilson, 2002, p.364). Other studies have pointed to the loss of a partner and family breakdowns as stressful life events and thus as indicators of homelessness. For example, a study of 79 homeless adults aged 55 and over reported that respondents had a higher likelihood to report events relating to life events as a reason behind their homelessness (Shinn, Gottlieb, Wett, Bahl, Cohen & Ellis, 2007, p.696). A respondent described that experience as “giving everything up and taking to the streets” after his wife died (Shinn et al., 2007, p.704).

### **2.2.3 Substance Use**

There have been fewer studies that report directly on the effects of homelessness and substance use amongst seniors (Macdonald et al., 2004). Homelessness has however often been associated with drug and alcohol use (Grenier, Barken, Sussman, Rothwell, Bourgeois-Guerin & Lavoie 2013, p.10). Much of the literature on substance use among seniors is also inconclusive and difficult to interpret. The most recent homeless Count study indicated that the main common reasons provided for declined participation was due to substance use (BCNPHA, September

2017, p.67). Some studies indicate that seniors are less likely to report drug use compared to younger individuals but are likely to report alcohol use (Dennis, McCallion, & Ferretti, 2012, p355). The reasons behind the lack of documented drug use have been reported to be due to the covert nature of the activity but evidence also suggests that drug use among seniors has increased and is projected to keep rising (Beynon, 2009, p.8). Another study reported the opposite and the research on mental health and service needs of seniors indicated that drug use among seniors is in fact low (Stergiopoulos & Herrmann, 2003). The study furthermore reported that participants under the age of 65 were more likely to drink than those who were over the age of 65 (Stergiopoulos & Herrmann, 2003, p.377).

Substance use has been found to be a prevalent factor amongst seniors and homelessness (Dennis, et al., 2012, p355). Substance use can dominate a person's life and can also be an indicator that those who started using substances in their late teens or early 20s sustained a casual habit for years (Chamberlain & Johnson 2011, p.65). BCNPHA found that more than half of the total population in their BC survey reported an addiction (BCNPHA, September, 2017. p.24). The study also found that 59% of individuals who had been homeless for more than a year had an addiction compared to 46% of participants who had been homeless for less than one year (BCNPHA, September, 2017, p.25). A Toronto study found that in general both older homeless men and women have higher alcohol abuse rates when compared to the general population of seniors (McDonald, Dergal & Clerghon, 2014, p.4). A study conducted in the United States found that individuals who were over the age of 50 were 2.4 times more likely to be dependent on drugs than previous generations (Garibaldi, Conde-Martel & O'Toole, 2005). Another study suggests that individuals who have previously been homeless increased the odds of reporting a current problem of substance use (Dietz, 2008, p.247). Furthermore, reporting of alcohol problems usually increased the odds of that participant also reporting that a drug problem was present (Dietz, 2008, p.247). People who use substances such as drugs and alcohol are reported to direct their focus on raising money to fund their habits over considering more important manners in which their money could be otherwise spent (Chamberlain & Johnson, 2011, p.65). This pathway to homelessness for the elderly suggests that more research is needed to gain a better understanding of its impacts. A greater understanding is needed and treated in contexts that are more comfortable for seniors because they each have such unique needs.

#### **2.2.4 Mental Health**

The association between mental health and homelessness has been widely reported (Grenier et al, 2013; Dietz, 2008; Hulchanski, Campsie, Chau, Hwang & Paradis, 2009). Studies have very clearly demonstrated that individuals who are homeless are more likely to suffer from mental health illnesses (as cited in Hulchanski et al, 2009, p.4). Conversely, seniors who suffer from mental health problems have conditions that can threaten the stability of stable housing if for example, they miss rent payments due to cognitive challenges (Hulchanski et al, 2009, p.7).

Health problems that are experienced across the life course of an individual, specifically mental health issues, are deemed to be a risk factor that can increase the possibility of homelessness (Kim, Ford, Howard, & Bradford, 2010, p.43). Adults over the age of 42 are twice more likely to suffer from mental health problems than younger homeless participants (Kim et al, 2010, p.43). Chamberlain and Johnson (2011), state that homelessness for individuals who suffer with mental illnesses is recognized as a 'way of life' for them (p.73). The argument is further reinforced when considering the options available to help those suffering from mental health problems. For many, homelessness is the only option because of the lack of help and support geared to helping these individuals remain housed (Chamberlain & Johnson, 2011, p.73). BCNPHA reported that 38% of participants indicated they suffered from a mental illness and that it definitively was factor in obtaining or maintaining secure housing (September 2017, p.24). In order to alter their life course, homeless individuals living with mental health problems by and large require much more than just mental health services; they require stable housing and economic security (Bachrach, 1995, p.876).

An individual with mental health challenges faces greater social problems if the help and assistance is not available or adequate to meet their needs. A lack of housing is reported to have a detrimental effect on senior's physical and mental health and if they are homeless they are more susceptible to depression and other mental health problems (US Dept. of Health and Human Service, 2003 p.12). Individuals who suffer from mental health illnesses are also often isolated and have difficulties being comfortable in social relationships, these conflicts can result in homelessness if the appropriate assistance programs are unavailable (US Dept. of Health and Human Service, 2003 p.12). Chamberlain and Johnson (2011) also argue that family support is

essential in preventing homelessness “when people with mental health issues have no family members to support them, then homelessness often follows” (p.66).

While there has previously been limited information on the actual cost to government generated by homelessness; many studies have identified that homeless people who suffer from mental illnesses have a big impact on causing and driving these costs (MHCC, 2016, p.15). This is the case because homeless people with mental illnesses propagate a very high economic cost due to their use of health, social and justice services (Latimer et al, 2017, p.584). In British Columbia (B.C.), health costs (service and shelter costs) generated by homeless people were estimated to have ranged from \$30,000 to \$40,000 per person in 1998-1999 (Latimer, Rabouin, Cao, Ly, Powell, Aubry, Distasio, Hwang, Somers, Stergiopoulos, Veldhuizen, Moodie, Lesage, & Goering, 2017, p.577). By comparison, in 2016 the overall cost estimate was well over \$63,000 for residents in B.C. (Latimer et al, 2017, p.584). The numbers demonstrate that costs related to homeless people with mental health issues are rising and recent studies have also demonstrated an increase in the number of homeless people who suffer from mental health illnesses. A mental health crisis study conducted by the Vancouver Police Department (VPD) reported a notable increase in the number of mental health related incidents in recent years (2013, p.6). The figures provided in their study are staggering because of the worrisome increasing trend. A large spike in suicides and other crisis situation provided evidence that attention was required to improve the quality of life for those suffering mental illnesses (VPD, 2013, p.14). The report includes various recommendations and highlights the need for an increase in staffing support at BC housing sites for tenants with psychiatric problems and also legislative changes by the Ministry of Health to facilitate a more responsive health system (VPD, 2013, p.31-32). Other recommendations suggest investing in early-based intervention and prevention can engender reduced costs (MHCC, 2016, p.11)

A number of studies have revealed that an increase in services and programs specifically designed to help individuals with mental health illnesses will be of advantage in helping alleviate the homelessness crisis (Kidd, Gaetz, O’Grady, 2015, p.499; Nelson, 2010, p.140). Other studies argue that individuals (usually in the youth cohort) who suffer from mental health problems and are homeless tend to decline the use of public health care and assistance programs (Maness, Mss & Khan, 2014, p.634). Challenges and barriers faced by homeless people who

should seek medical assistance can range from poor accessibility, uncoordinated care and the feeling of being unwelcome (Kertesz, et al., 2014). Nonetheless, there appears to be a lack of studies that report on the under-utilization of support, and barriers to using assistance programs for seniors who are homeless. Addressing this gap can have big policy implications because it is important to understand in order to shape government funded programs and services in an effective and efficient manner that will cater to the needs of seniors who are homeless.

Homeless seniors with mental health problems may be “hard-to-house” or to accept help because they may feel disillusioned with the system (As cited in MacCourt & Donnelly, 2012, p.68). A general theme, nonetheless, is the need to acknowledge that care for seniors needs to be focused and specifically tailored for them. Seniors with mental health problems are in general qualitatively different from youth who have mental health disorders (MacCourt & Donnelly, 2012, p.16). For example, a diagnostic study of depression in older and younger people indicated that depression in seniors is exhibited as anxiety, agitation and complaints of physical and memory disorders; conversely, depression in younger people manifests itself very differently (Canadian Mental Health Association, 2010, p.30). A study conducted by Anucha (2010) on a shared housing program in Toronto, reports in her findings that providing homeless people with affordable housing increases the likelihood that these individuals will remain housed (p.73). If the opportunity and adequate support is provided, homeless people even with severe cases of mental health illnesses will be capable of obtaining and maintaining independent housing (Anucha, 2010, p.73). Conversely seniors who suffer from mental health problems have conditions that can threaten the stability of their housing if for example, they miss rent payments due to cognitive challenges and are as a consequence evicted. A study conducted on housing quality examined the association between housing homeless individuals with mental illness and how it could mediate outcomes in housing interventions (Adair, et al., 2016). Housing quality in Vancouver differed significantly than other cities in Canada studied because of the low quality of accommodations available in the concentrated areas (Adair et al., 2016. p.692). The study indicated that individuals living in lower quality housing demonstrated a higher rate of mental health problems, thus confirming a link between the quality of housing and mental health problems (Adair et al. 2016, p.683). Their findings also concluded that the quality of housing matters in order to provide housing stability and that even in tight rental markets, housing

programs should be able to locate adequate housing for homeless individuals (Adair et al, 2016, p, 695)

### **2.2.5 Youth to Adult**

It is difficult to imagine being homeless for one day let alone your entire life. For many, this has been the case as homelessness has been experienced throughout the entirety of their life. A significant amount of research on the homeless population has been conducted that seeks to understand the variations in the amount of time that people remain homeless. Understanding why some individuals experience long-term homelessness while others are homeless for a short period of time is very important for policy makers (Shelter, 2005, p.12). Factors that lead to long-term homelessness, and which disproportionately impact youth, have been identified as adverse housing, economic and family trends (Shelter, 2005, p.15). In order to design more effective and early intervention approaches to diminishing long-term homelessness, policy makers need to understand predictors of long-term homelessness as well as factors of influence.

A common theme has been detected with regards to the pathways discussed above and how they can largely impact the duration of homelessness for individuals. Chamberlain and Johnson (2011) indicate in their study that 42% of their participants were homeless from the time they were adolescents and into their late adult life (p.68). Their study revealed that individuals who experienced housing crisis, family breakdown, substance use and mental health problems, faced a high likelihood of experiencing long-term homelessness (p.67-69). A large number of studies confirm Chamberlain and Johnson's results and corroborate that the most consistent predictors of youth to adult homelessness are the experience of childhood foster care, mental illness and substance abuse (Calsyn & Morse, 1991, p.162; Phelan & Link, 1999, p.1336). There is also evidence indicating that people who experience homelessness at a young age are more likely to experience long-term homelessness (Sculetta, Johnson, Moschion, Tseng & Wooden, 2013, p.101). That is, the younger the individual is when they first experience homelessness, the higher the likelihood of them experiencing homelessness over the course of their whole life (Sculetta et al, 2013, p.101). Calsyn and Morse's research found that social-alienation and childhood happiness to have the strongest relationship with length of homelessness (1991, p.161). Family conflict has consistently been found to be the main precipitating factor that leads youth to homelessness (Shelter, 2005, p.17). A study conducted in Los Angeles drew on the life

history interviews of homeless youth to find similar results. The study identified the occasioning factors of conflict within families as the most immediate reason for their homelessness (Hyde, 2005 p.175).

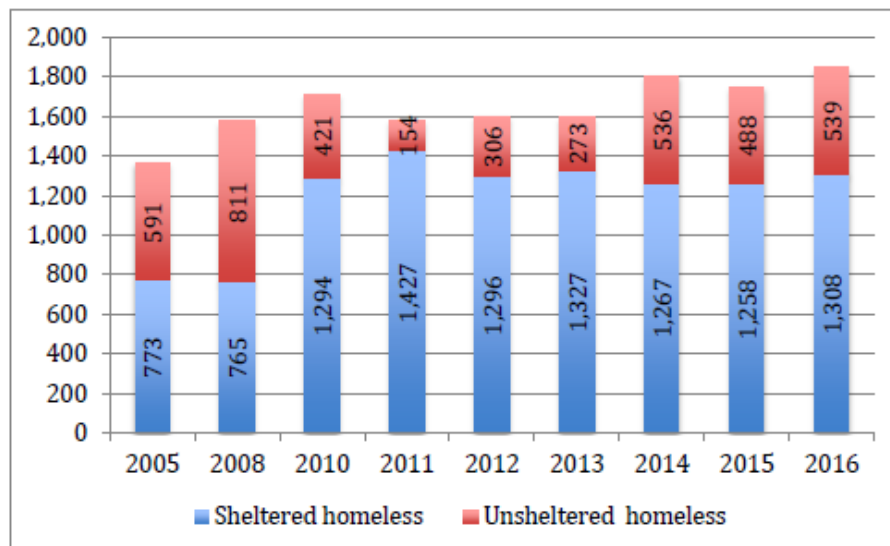
A lot of research has directed its focus on long-term homelessness and has consistently identified the presence of specific indicators and predictors to pathways of homelessness. This, however has resulted in an over-representation in the group of participants studied who are homeless from youth into adulthood. Chamberlain and Johnson's (2011) sampling approach does highlight that individuals who experience short term or one-off experiences of homelessness are under-represented (Scutella et al, p.94). In their attempt to obtain an accurate understanding of the duration of homelessness, Chamberlain and Johnson (2011) indicate that individuals who are homeless for short periods of times or for single episodes are underestimated (p.63). Understanding the predictors and factors that lead to homelessness at an early age can have big policy implications and furthermore reduce the number of individuals who are consistently homeless into their senior years. Nevertheless, pathways to homelessness are key predictors in explaining why some individuals remain homeless for longer periods than others.

## 2.3 Where do people go?

### **2.3.1 Shelters**

Shelters were initially created in cities where people looking for work and the number of people without housing increased significantly (Hulchanski et al., 2009, p.5). Industrialization and urbanization in the 20<sup>th</sup> Century lead to redefining the mission of shelters, their services and their role in helping its users reintegrate into society (as cited in Hulchanski et al., 2009, p.6). A lack of affordable housing and over-crowding in acute hospitals has been reported to place a lot of pressure on shelters to fill this gap (Serge & Gnaedinger, 2003, p.13). Results of the National Shelter Study conducted during a 10-year period (2005 to 2014) in Canada demonstrated that the shelter system has been operating at over 90% capacity (Saegart, 2016, p.8). According to this study, the numbers of shelters and beds have remained the same while the demand has significantly increased thus the over-inflated occupancy rate (Saegart, 2016 p.5). The increase in these numbers has been seen nationwide and the most recent study conducted in British

Columbia also confirmed that the number of shelters is insufficient to accommodate the alarming number of homeless individuals who are in need of temporary housing (BCNPH, September 2017, p.6). Figure two below demonstrates the number of sheltered and unsheltered individuals over a period of eleven years. Despite a significant increase in the number of shelters a large number of the homeless population remains unsheltered.



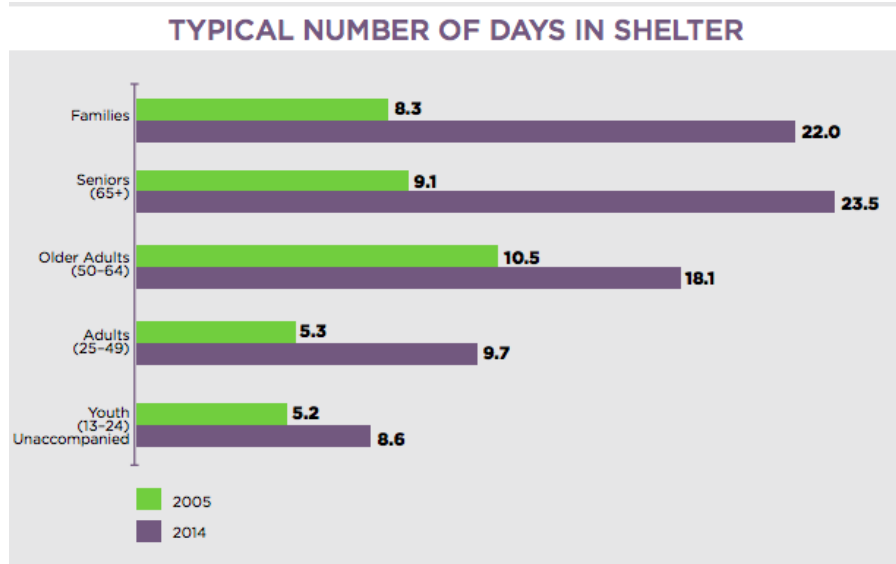
**FIGURE 2 : HOMELESS POPULATION TRENDS**

Vancouver homeless population trends 2005 to 2016. Adapted from Vancouver homeless count, 2005 - 2016 (p.17) by Matt Thompson from: <http://vancouver.ca/files/cov/homeless-count-2016-report.pdf>

A majority of the literature focuses on the safety, quality and availability of shelters as well as their need for improvement (Sullivan, 2012, p.3; Metraux, Eng, Bainbridge & Culhane, 2011, p.1100). However, there is a lack of evidence surrounding shelters and how they cater to the needs of seniors. According to Saegart’s (2016) longitudinal study, the number of individuals using shelters who are over the age of 50 has increased while it has decreased for those who are under 50 (p.24). The identification of this demographic shift has highlighted the obvious need for more shelters but also for more social workers to support homeless seniors and in providing them with help that caters to their complex needs (McDonald, Dergal & Cleghord, 2007, p.22). Cohen (1999) correspondingly argues for an expansion in programs that focus on helping reintegrating

older persons who are homeless rather than just accommodating them in the shelters (p.13). An older adult's pattern of homelessness can influence the type of care needed in shelters and require services specific to their trauma or health necessities (Bottomley, Bissonette & Snekvik, 2001, p. 55). McDonald et al's (2007) study revealed that homeless seniors rated their health as lower than average and about half of their participants also reported to have poorer mental health than the general older population (p.24). There is no doubt that older adults require more complex care and attention and this is because seniors have very unique needs. There is a gap in research surrounding the specific and unique needs of Canada's aging population and this can make a big impact when it comes to best practices for sheltering homeless seniors and moving them towards housing that is appropriate for them.

Shelter services seek to provide help and become a place where individuals can go to avoid danger or if they do not have anywhere else for accommodation for a short period of time. Shelters also play an important role because they are considered a primary location whereby homeless people go to when transitioning from stable housing (Walsh, Beamer, Alexander, Shier, Loates & Graham, 2010, p. 47). At the very least, shelters are expected to provide safety and emotional support (Sullivan, 2012, p.5). The need for improvements to shelters on a national level has been highlighted in many studies and the issue needs to be raised with provincial and federal governments (CitySpaces Consulting Ltd, 2013, p.2). It has also been found that seniors are more susceptible to encountering violence on the streets and in shelters than any other age demographic (Serge & Gnaedinger, 2003, p.27). Seniors are particularly vulnerable and require safety and protections, especially from other homeless persons (Serge & Gnaedinger, 2003, p.27). Serge and Gnaedinger (2003) also found in their study that measures to protect seniors from violence and predators is to develop housing in locations that is separate and distinct from other shelters (p.30). Older homeless persons in Canada are reported to use shelters for longer periods and to also have greater challenges staying in permanent housing than any other homeless population (Serge & Gnaedinger, 2003, p.27-28), therefore support and services away from irritants and dangerous situations need to be considered and implemented to alleviate this problem.



**FIGURE 3: TYPICAL NUMBER OF DAYS IN SHELTER**

Typical number of days in shelter; study from 2005 until 2014 across Canada. Adapter from 2005-2014 Highlights of the National Shelter Study (p.6) by Employment and Social Development Canada from: [file:///Users/Imichi/Downloads/PDF\\_FINAL\\_HPS\\_highlight\\_En%20\(1\).pdf](file:///Users/Imichi/Downloads/PDF_FINAL_HPS_highlight_En%20(1).pdf)

Figure 3 demonstrates that seniors over the age of 50 spend on average eight to nine more days in shelters than those under who are under 50 (Employment and Social Development Canada, 2016, p.6). Knowledge of this information should shape policy and decision makers towards helping seniors as they are more vulnerable, susceptible to violence and more likely to spend time in shelters. The need to understand that certain subgroups are more vulnerable at different ages is very important. Furthermore, service delivery should be conceptualized in a manner that supports, maintains and successfully helps the older homeless population (Cohen, Onserud, Monaco, 1999, p.471).

### **2.3.2 Housing**

A general trend regarding access to affordable housing across Canada is the disparity between supply, demand, and affordability (Serge & Gnaedinger, 2003, p.12; Anucha, 2006 p.8). While rent prices skyrocket in B.C., the population of seniors has disproportionately lower incomes, higher medical costs and less support to withstand being moved from their home (Thomson, 2016, p.27). Combined efforts of all governments are argued to be insufficient even with the municipal government taking the lead on housing affordability (Lee, 2016, p.8). Scholarly

consensuses have countlessly pleaded for the need of a more flexible approach to housing (Lee, 2016, p.7). Despite such efforts, significant research has demonstrated that “without adequate housing, adequate income, and adequate support services people will struggle to remain housed” (Gaetz et al., 2013, p.33). One study highlights that low-income seniors “fall through the cracks” in being able to attain affordable, safe and subsidized housing (Walsh, Hewson, Paul, Gulbrandsen & Dooley, 2015, p.6). This study as well as other identifies two types of causes of homelessness: structural-level and individual-level barriers (Walsh et al., 2015, p. 6; Main, 1998, p.42). Structural barriers include housing market, poverty and the general structure of the economy (Walsh et al, 2015, p.6). The second theme is labeled at the individual level and includes mental illness, substance abuse, lack of support (Main, 1998 p.42); essentially factors that have already been mentioned in this report. Policy should accept the dichotomy between these two barriers of homelessness and seek to work towards a strategic plan to overcome the impediments at the structural-level.

It has long been argued that the provincial and federal Government should shift their focus towards social and co-op housing (Main, 1998, p.42). Two decades later, the federal Government was still focusing on co-op housing but directing policies to focus on providing support to non-profit housing (Government of Canada, 2017). Presently, the 2018 BC Budget has indicated that it plans to address the housing affordability crisis by investing a significant amount into building affordable housing (Government of BC, 2018, p.6). Housing is said to include modular homes and permanent supportive housing for people such as seniors who are experiencing homelessness (Government of BC, 2018, p.2). The budget plan has also allocated significant funding to help improve services for seniors; details on how the funds are to be distributed are yet to be released (Government of BC, 2018, p.6). B.C.’s previous preferred method of intervention was housing through rental assistance that would supplement seniors with low-income to live in housing that would not be affordable (Lee, 2016, p.24). Unfortunately, individuals who are on income assistance programs are rated as the poorest in B.C. and do not qualify for the rental assistance program (Lee, 2016, p.24). The shelter aid for elderly renters (SAFER) program provides money to eligible seniors over the age of 60 (Housing Matters BC, 2009, p.13). The drawbacks of this program however is that it is 5 years shy of helping the population of interest in this report, it has rent ceilings, meaning that it does not consider rent rates above a certain cost, and the subsidized help is still insufficient to help seniors afford to live in Vancouver (Noble, 2018, p.18).

Of the several initiatives taken on by the federal and municipal Governments, Housing First has been argued to have shown significant success and this is because the program focuses on homeless individuals and moving them into independent and permanent housing as quick as possible without conditions (Gaetz et al., 2013, p.40). The underlying principle of Housing First has a recovery-oriented approach to homelessness focusing on the following key principles:

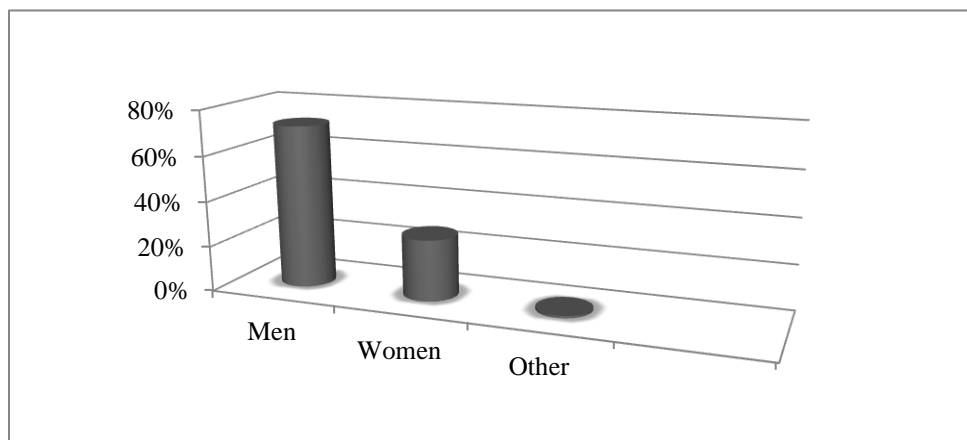
- Immediate access to permanent housing without housing readiness requirements
- Consumer choice and self-determination
- Individualized and client-driven supports
- Community and social integration

(As cited in Noble, 2018, p.9)

Housing First's popularity and success is due to the fact that it has been proven to be an effective and cost efficient way to keep homeless people housed (Stock, 2016, p.8). According to Cohen, Onserud and Monaco (1992), service delivery needs to be delivered and conceptualized in three stages: initial engagement, maintenance of engagement, and successful outcome (p.471). Housing is not a "silver bullet answer to homelessness" but if the three stages can be implemented a reduction in homelessness should be seen (Stock, 2016, p.18). The lack of success in most housing programs are mainly attributed to the shortage of affordable and social housing that is available (Stock, 2016, p.18). Many studies have indicated that a more comprehensive and wider approach to ending homelessness needs to include some sort of renewed investment in social and affordable housing that targets the diverse needs of the homeless population (Stock 2016: Cohen et al, 1992). Studies that date back to the 1980's and 1990s had the factors of reduced availability of rental housing and lack of income as the top reasons for the growing number of homeless adults (Rossi, 1991, p.169). The housing problem is not a new phenomenon yet the plea for affordable housing remains one that cannot be fulfilled by Canada's Government.

## 2.4 Gender Challenges

The patterns of homelessness between men and women are reported to be different and much literature identifies distinctive needs between each gender as factors that need to be considered in the planning and delivery of services for seniors (Greater Vancouver Shelter Strategy, 2013). The Homeless Count in Metro-Vancouver indicated in their study that respondents were more likely to be men than women (BCNPHA, September, 2017, p.13). Arguments to explaining homelessness are for the most part deduced to the structural and individual levels. Some researchers however, argue that gender differentiations summarize a host of variances that make women and men fall into the paths of homelessness (Tessler, Rosenheck & Gamache, 2001, p.245). Arguably, the pathways involved appear to be distinctive between men and women.



**FIGURE 4 HOMELESSNESS BY GENDER**

Adapted from: 2017 Homeless Count in Metro Vancouver, Final Report, September 2017, p.13 by the BC Non-profit housing association. Retrieved from: <http://www.metrovancouver.org/services/regional-planning/homelessness/HomelessnessPublications/2017MetroVancouverHomelessCount.pdf>

## **Women**

Links between homelessness and poverty are indeed well established. People most at risk of becoming homeless are women because they are reported to have lower incomes; furthermore, the income range decreases, as women get older thus placing them at a higher risk of homelessness (McDonald, Dergal & Cleghorn, 2004, p.2). The most recent study, displayed in Figure 4, demonstrates that 27% of women in Metro-Vancouver are homeless (BCPNH, September 2017, p.13). The 2008 Metro-Vancouver homeless report indicated that the number of

homeless women was also 27% (RSCH, 2008, p.14). Despite efforts to understand that women and men have different needs when addressing homelessness, the number of women who are homeless has not changed in what is nearly a decade. Women have been reported to attribute their homelessness to interpersonal factors (Tessler, Rosenheck & Gamache, 2001,p.251). Studies have denoted that a large number of women who are over 55 are forced to leave their home due to physical and or sexual violence in their interpersonal relationships (Grossman & Lundy, 2003, p.1448). Women are also reported to find themselves in interpersonal relationships where they have to depend on someone else for their survival; without this support, women are put in a place that would most likely lead them to homelessness (Tessler, Rosenheck & Gamache, 2001,p.251). Another research confirms that women who did not have husbands or someone to depend on as contributing factors for both social and economic vulnerability (Hopper, Bassuk & Olivet, 2010, p.96). Older women who live alone are also reported to be unable to share the cost of rent and housing maintenance, thus putting them at even greater risk of homelessness (Hopper, Bassuk & Olivet, 2010, p.96). Eviction, loss of a spouse, loss of income and physical and sexual abuse are consistently reported as the reasons for homelessness among older women (McDonald, Dergal & Cleghorn, 2004, p.8). Another study reported that women living on the streets had the worst health (Nayamanthi, Leake & Gelberg, 2000, p.570). Nayamanthi's (2000) study also found that virtually all unsheltered women were at risk of poor mental health (p.571). Much of the literature supports the fact that women have specific needs that need to be addressed. Such factors need to be considered in the planning and delivery of services for women who are at homeless or at risk (McDonald, Dergal & Cleghorn, 2004, p.3)

## **Men**

The percentage of men reported homeless is significantly higher than the percentage of women. The 2017 homeless Count indicated that 72% of the total homeless population was male (BCPNH, September 2017, p.13). Studies from the United States, Australia and England also report a much higher number of men who are homeless in comparison to women (Crane et al., 2005, p.s155). Why such a big disparity between genders? Research has proposed that men have a higher prevalence of substance abuse, which has led to their homelessness (Tessler, Roseneck & Gamache, 2001, p.245). Mcdonald, Dergal and Cleghorn's (2004) study reported that

generally, older men were significantly more prevalent to using alcohol and drugs than the women cohort (p.4). Compared to women, men are also reported to have significantly less support from family or other supportive relationships (Winetrobe, Wenzel, Rhoades, Henwood, Rice & Harris, 2016, p.292). Another research indicated that older men in general spend more time in shelters and the most common reason for departing the shelters was due to substance use (Rothwell, Sussman, Grenier, Mott, & Bourgeois-Guerin, 2017, p.84). There is a lack of research indicating mitigating factors to help reduce the number of men who are homeless. Knowing that males are more prevalent to becoming and staying homeless due to substance abuse should be factors considered by policy makers in their decision-making and program implementation.

## 2.5 Needs of Seniors

As the homeless population continues to age, addressing their care and housing needs is increasingly imperative. Studies have demonstrated that there is a clear difference between the older populations of homeless individuals versus the younger cohort. This is due to the characteristics and health needs of older homeless individuals than those who are younger (Stergiopoulos & Herrmann p.374). A study conducted in Toronto identified that older homeless individuals have age-specific and unmet physical as well as mental health needs when compared to the younger population (Stergiopoulos & Herrmann, 2003, p.379). Garibaldi, Conde-Martel and O'Toole (2005) also found that older adults have a higher rate of chronic illnesses and geriatric conditions compared to the younger homeless population (Brown, Thomas, Cutler & Hinderlie, 2013, p.2). It has been argued that adults with complex needs fall through the cracks, as there is a lack of appropriate housing available that can cater to their needs (Caresce, 2010, p.84). Complex needs have been identified as brain injuries, mental health issues, complex medical care, and substance addictions (Caresce, 2010, p.84). Section 2.2.4 of this literature review also identified that seniors with mental health problems are also in general very different from youth who have mental health disorders (MacCourt & Donnelly, 2012, p.16). Other issues identified by seniors in studies include but are not limited to; advancing hearing impairments and automated access systems such as working with advanced technologies, transportation to necessary destinations such as health and support services (Caresce, 2010, p.65). The unique needs of seniors vary and not one case is the same. The literature research has identified several

broad categories to understand and explain what those needs are, however further research is required in order narrow down more specific requirements. This will allow for policy makers to accurately design programs and services that cater to those specific needs.

## 2.6 Government Efforts

Various levels of Government throughout Canada have been making efforts to address and solve the problem of homelessness. In Vancouver, several communications strategies initiated by different Governmental levels and non-profit organizations have been brought forwards with the primary objectives to end homelessness. Many of these efforts have been in place for some time while others are in nascent stages of development and implementation. Efforts to work with various levels of Governments have sought to influence the public and private sector by demonstrating the staggering numbers of homelessness in Vancouver, numbers that on their own should speak for themselves.

The City Of Vancouver's Housing and Homelessness ten-year strategy from 2012 to 2021 is seeking to implement policies intended to improve housing affordability and availability (City of Vancouver, 2012, p.7). With three strategic directions, this plan has the abolition of homelessness at the top of their list and part of their objective is described as "ending homelessness by 2015" (City of Vancouver, 2012, p.7). That goal has not yet been achieved in Metro Vancouver; nonetheless this plan has made significant strides. Since its implementation a few of their initiatives have increased shelter capacities during harsh winters, secured capital funding from the B.C. provincial Government to increase supportive housing units and launched an Urban health initiative with Vancouver Coastal Health (City of Vancouver, 2012, p.7). In its process, this strategy has identified that the City of Vancouver still has a lot of work to do in order to achieve their goals and in particular to strengthen their approach by obtaining and maintaining better relationships with housing stakeholders, experts and community members (City of Vancouver, 2012, p.10). At the provincial level, the City of Vancouver has initiated partnerships with senior Governments, the non-profit and private sector, and the community in an effort to increase better housing options for all Vancouverites (City of Vancouver, 2012, p.14). More recently, the City of Vancouver has had to adjust its ten-year strategic plan to address the progressing housing crisis in Vancouver (City of Vancouver, 2017, p.3). The

intensification of the crisis has required the City's plan to consider new approaches and partnerships to ensure that they could provide the community with the help and support it needs (City of Vancouver, 2017, p.1). Part of their strategy and action plan has identified the need to develop housing policies that will support the delivery of care and wellness for seniors as a medium priority (City of Vancouver, 2017, p.11). The plan is also pledging to provide support to partners and non-profit organizations that propose housing development and redevelopment for seniors (City of Vancouver, 2017, p.12).

The Greater Vancouver Regional Steering Committee on Homelessness (RSCH), a coalition of community organizations and all levels of Government is also advocating to ending homelessness in Vancouver. In partnerships with the federal, provincial, local Governments and a myriad of private and non-profit sector organizations, RSCH's regional homeless plan has several strategies to ending homelessness in Metro Vancouver (RSCH, 2014, p.4). The city's strategy touches on the unique needs of seniors and advocates at the provincial level for an increase in subsidy rates for seniors (City of Vancouver, 2017, p.36). The plan is also committed to ensuring that the city's growing population of homeless adults can afford to live in Vancouver including working with the provincial and federal Government to prevent homelessness and address the flawed mental health and addictions system that can lead vulnerable individuals to a life on the streets (City of Vancouver, 2017, p.54).

The federal Government's National Housing Strategy, released in 2017, provided a comprehensive response to Vancouver's ongoing housing crisis (Government of Canada, 2017). Efforts in this strategy are to implement affordable housing and create stronger partnerships with the public, private and non-profits sectors in an effort to cut chronic homelessness in half over the next ten years across the country (Government of Canada, 2017). By adopting a "whole-of-government" the objective is to increase housing amongst other things like creating more jobs and increasing healthcare and education (Government of Canada, 2017). The question remains whether Canada's first national housing strategy will accomplish what they seek out to do.

While many Government efforts are based on the initiative to help the homelessness and housing crisis on a larger scale, there appears to be a lack of effort that specifically focuses on the needs of homeless seniors or of seniors who are at risk of becoming homeless. The needs of seniors are so unique; therefore the Government should seek to identify more specific strategies that cater to

their needs. As mentioned above, the city of Vancouver's 10 year homeless strategic plan has set the development of policies for seniors at a medium priority (City of Vancouver, 2017, p.11), however given the increasing trend of seniors who are homeless, it needs to be argued that their needs should be placed on a higher level of priority.

### **2.6.1 Financial Aid and Support**

The second most prominent factor identified in the Homeless Count as barriers to housing is low income (BCPHA, 2017, p.43). Countless studies have identified low income as a primary contributing factor among the elderly population (Cohen, Onserud, Monaco, 1992; Brown et al., 2016). Seniors have disproportionately lower incomes and higher medical costs than the rest of the population (Ploeg, Hayward, Woodward, & Johnson, 2008, p.599). Yet, they are not exempt from enduring the harsh housing market spikes. Subsidies such as Shelter Aid for Elderly Renters (SAFER) (Government of Canada, 2018) have been identified as provincial aids however it has a rental cap which does not match the high rental prices in Vancouver, thus leaving seniors in a financial bind constricting them of being able to afford one of the most important necessities, housing. The current housing crisis has pushed and continues to push many seniors to the brink of homelessness (Sheridan, 2016, para.2). If the Government wishes to eliminate this problem and ensure the well-being of all seniors in BC, fully subsidized and independent housing should be made available (Sheridan, 2016, para.8).

Seniors who are retired or unemployed have revenues that may come from three different sources: the Old Age Security Program; the CPP/QPP; and private savings (including private pension plans) (Government of Canada, 2018). There are a number of low-income and homeless financial assistance available for seniors through grants, partnerships and direct outreach (City of Vancouver, 2018 para. 4). The issue however is that older homeless people face a variety of barriers when it comes to accessing social services. Studies have indicated that many older adults are not aware of services that are available to them or have difficulties accessing income support (McDonald, Dergal, & Cleghorn, 2014, p.8). Furthermore, the Canadian Pension Plan and other support programs have an eligibility requirement of age 65 (Government of Canada, 2018), making it problematic and challenging because homeless older adults are considered seniors at the age of 55. It has been argued that special consideration should be given to individuals who are homeless or at risk and the eligibility requirement should be lowered to 50 (McDonald,

Dergal, & Clerghorn, 2014, p.4). Recommendations have also included for better advocacy, education and support to help seniors with obtaining social services (McDonald, Dergal, & Clerghorn, 2014, p.9).

Research conducted to uncover associations between social income supplements and increased substance use has been sparse, contradicting and limited when it comes to the older adult population. The links between an increase in substance use and its adverse effects when income/social services checks are received are not entirely clear (Rosen, Bailey, & Rosenheck, 2003, p.171). A longitudinal study conducted over the period of 4 years concluded that its participants who were from a vulnerable population and who received supplemental income showed no greater substance use than those without the benefits (Rosen, McMahon, Lin & Rosenheck, 2006, p.187). Interestingly, their findings indicated that participants who received these benefits had a significant increase in the number of days where they were housed than those who did not receive the benefits (Rosen et al., 2006, p.184). Another study conducted of individuals between the ages of 21 and 59 found that its participants were 28% more likely to test positive for cocaine use within the first 10 days of the month, upon receipt of their supplemental security income or regularly earned income (Swartz, Hsieh, & Baumohl, 2003, p.970?). Their study also indicated a lack in support contending that federal cash benefits increased drug use and that the increase they found was not confined to individuals who received such benefits (Swartz, Hsieh, & Baumohl, 2003, p.973). Several news articles have reported on the results of social assistance payments, its timing, and links to increases in drug overdoses in the community of the Downtown Eastside (Gerszak, 2017; Graham, 2016). Another study reported a 40% increase in the number of overdoses in B.C during the week social assistance checks were issued than any other time in a given month (Ottersbatter, Amlani, Guan, Richardson & Buxton, 2016, p.84). Although research demonstrates a potential causal link between substance use and income supplements, a need is present for further research and more explicitly with the older population. Ottersbatter et al. (2016) conclude that alternatives are indeed needed and alternative disbursements should be investigated in an effort to help mitigate such adverse outcomes (p.86).

Seniors also face significant challenges and barriers when it comes to managing their finances. Studies have found that a lack of money management skills and budgeting difficulties has been correlated to the precipitation of homelessness. A study conducted across 3 countries found that

poor money management practices to be an implication in many of the transitions to homelessness (Crane et al., 2005, p.s158). The study reported that low income, a lack of financial reserves, social support, and poor financial management skills lead a majority of their subjects into financial difficulties and homelessness (Crane e al., 2005, p.s.158). In Vancouver, adult programs geared to help seniors manage their finances are lacking. One program offered by The Bloom Group (2018) seeks to assist seniors with money management but it comes with a price. Not only do participants have to pay to obtain assistance they have to wait at least 6 months for their case and money to be managed by the organization. Furthermore, the program is offered on a voluntary basis, which proves difficult for seniors who are facing challenges such as substance misuse and mental health.

## 2.7 Conclusion

This literature review has been conducted with the objectives of gaining a better understanding of the problem, objectively understand what recommendations have been put forth and understand what has or has not changed. Reaching a conclusion regarding predictors to homelessness among seniors is difficult because most studies are qualitative in nature and offer small sample sizes. There is significant research demonstrating prevalent factors of homelessness and the literature does suggest that understanding pathways can lead to potential solutions. A gap in literature still exists, primarily relating to the specificity of the needs of seniors, the impacts their substance usage has and how they are marginalized in the homeless population. The need for more innovative solutions that cater specifically to the needs of seniors has been highlighted; however programs and policies still do not seem to cater to those specific needs. An approach that balances affordable housing, income security, fully-subsidized housing, appropriate health-care and catered support-services could perhaps be a way to address the complex factors that seniors face. The current crisis is indeed complex and multifaceted as the literature has demonstrated.

## 2.8 Conceptual Framework

The literature reviewed throughout this chapter has formed the conceptual basis for this study on seniors, homelessness and the role of all stakeholders. The chapter opened by reviewing literature on pathways to homelessness. The discussion established that various social, economic, and unique health problems trends have transformed the normative life course in recent decades (Chamberlain & Johnson, 2011, p.61). Social scientists have identified that the outcome of such trends has demonstrated growing rates of homelessness and poverty in Canada (Chamberlain & Johnson, 2011; Brown et al., 2016). The literature reviewed in this chapter has also sought to demonstrate the impact of population aging on Canadian society. According to Carrick (2012) the entirety of the baby boomer generation will reach age 65 by 2031, which means that seniors will comprise 23% of the total population (p.1). Furthermore, the number of people aged 80 and older is expected to more than double to 3.3 million by 2036 (Statscan, 2018). The literature highlighted that these significant demographic changes need to be evaluated by public policy makers especially in Government expenditures for housing, health and long-term care.

The literature reviewed in this chapter has also examined homelessness through a contemporary social lens. While issues such as addictions, poor or lack of family support and mental-health can contribute to homelessness, contemporary researchers view homelessness as society's failure (Lenk, Serge & Gnaedinger, 2003, p.24). By employing an intersectoral approach, social determinants of alleviating this crisis would employ methods to provide affordable and appropriate housing for seniors. An intersectoral approach involves ministries and agencies of Government acting in collaboration towards a common goal (Kouri & Gagon, 2007, p.7), the goal in this instance is to strategically provide seniors with the support and help they need to obtain and remain housed. This also includes going beyond the Government and including non-governmental organizations (2007). Support from Governments at all levels, meaning intersectoral collaboration and community-development approaches have extensively been argued as being key to the success of eliminating the homelessness problem (Lenk, Serge & Gnaedinger, 2003, p.24). For the purposes of this project, the literature review has identified that utilizing an approach whereby all Government levels are involved along with non-Governmental

organizations such as non-profit and the private sector is an effective method in trying to address the complex social issue of homelessness among seniors.

## **3.0 Methodology and Methods**

### **3.1 Methodology**

Building on the conceptual framework, the research in this report has included the use of primary and secondary research and is grounded in qualitative research. This project has relied on a qualitative research and analysis methodology because it fosters a greater understanding of the current barriers and perceptions of seniors as it relates to homelessness in the Downtown Eastside. The research methodology and primary data collection took on a semi-structured approach. The interviews were conducted using open-ended questions with seniors and clients of FUCCMS. The objectives of these interviews were two-fold: first, the goal was to gain a better understanding of the obstacles and challenges seniors living in this area were encountering. The second objective was to better understand the successes, if any, and determine what opportunities there are for improvement.

### **3.2 Methods**

The recruitment process of participants involved posting flyers on the community boards of FUCCMS as well as handing them out to potential participants within the confines of FUCCMS. Participation was also acquired by reaching out to homeless individuals on the streets of the Downtown Eastside. This method of sampling was used with chain referral sampling in mind. Chain referral sampling is based on the rationale that participants have better access to other members of the target population and as such are in a better position to assist with the recruitment process of others (Penrod, Bray, Cain & Starks, 2003, p.102). Two participants were acquired using this method and one of the participants assisted with the acquisition of the other candidate. The rest of the participants were either staying at the FUCCMS shelter, were just passing through or were obtaining a service from FUCCMS. In total, fourteen participants provided informed consent and were amenable to being interviewed. The age range was from 55 to 85 years old. Six participants were females and eight were males.

The interviews were conducted in the common area room at FUCCMS. This area is open and accessible to everyone. Participant consent was also obtained to determine if they felt comfortable participating in the common room or if they preferred a private room. There were no objections to the interview location. Ethics approval was obtained from the University of Victoria Ethics Board. To protect the identity of the participants, the names of the participants have been removed.

The interviews were conducted using a standard semi-structured questionnaire. This method was chosen because direct interviews in which direct interactions with the participants occurs will yield more information if open-ended questions are asked (Patton, 2015, p.446). A combination of responsive and active interviewing approach was undertaken. The responsive approach allowed the interviewer to alter the questions depending on the responses or if new information was learned from the participants. An active approach allowed for social interactions between the participant and the interviewee to occur organically. Patton (2015) indicates that employing an active approach enables the participants to subjectively create their story and foster open communications (p.462). The questions asked were structured however; the interviewer was flexible in letting the interactions take their natural course of action while still maintaining focus on the topic.

The interviews were transcribed and coded shortly after each set of interviews. The interviews were designed to last approximately 35 minutes however; they ranged from 17 minutes to 54 minutes. All participants agreed to being digitally recorded during the interviews and field notes were also taken. The interview recordings were listened to repeatedly. This ongoing process allowed for the researcher to not be limited to new information or thoughts and ideas that would emerge as new themes were brought to light. For example, in the beginning stages of coding, the theme of “safety” as a significant concern expressed by the homeless respondents was identified. The concerns were surrounding personal physical safety and security of themselves and their possessions. This allowed for the interviewer to include questions regarding the notions of safety. Field notes and written observations were recorded in a research journal to ensure that things such as emotions or behavior that could not be captured on digital recording were documented. Codes were created for the thematic content revealed in each interview. The codes

were helpful in providing a visual map of the ideas, concerns and needs of the population being interviewed.

### 3.3 Data Analysis

The data was collected from key role players via interviews and analyzed utilizing a framework analysis method. A framework analysis is a suitable method for the process of identifying information because it assists in the development of recommendations (Gale, Health, Cameron, Rashid & Redwood, 2013, p.117). The development of themes is a common feature of qualitative data analysis and as such, the method of involving a systematic approach to search for patterns in order to shed light on the phenomenon being investigated was the method chosen for this project. Emergent themes from the interviews guided the development of a strategic advocacy plan for FUCCMS. The data acquired from the interviews was analyzed by question and grouped into themes from the answers that were obtained within each question. A coding method was used to organize the data into themes to identify trends or make comparisons. The interview findings were summarized to give a general overview of the perceptions of seniors on their current situation, the existing programs, options and the role of the Government in addressing the homelessness crisis in the Downtown Eastside. The findings were also analyzed to identify solutions and alternative options to addressing the underlying causes of homelessness. The extent to which the findings can be utilized to develop a Government-relations strategic advocacy plan for FUCCMS to utilize was also assessed.

In instances where specific examples are used to describe the experiences or feelings of participants, the use of gender identification is removed to protect the identity of the participants.

### 3.4 Project Limitations and Delimitations

There were several limitations that the researcher encountered throughout the process of the interviews and data collection. The first limitation that was apparent was access. The interviews were conducted on site of the FUCCMS facility during the summer of 2017. Unfortunately, during the warm and sunny days of summer the majority of the population of interest for this

project prefers to be outside rather than indoors. The interviewer attempted to visit the shelter on different occasions to obtain more respondents and this proved to be time consuming. The researcher also found that certain members of the homeless population were apprehensive at first as they were unsure of the researcher's purpose and goals. However, after obtaining information regarding the objectives of the study, the community members opened up and even brought in other members to join and participate in the study.

Another limitation encountered was to do with safety and security of the researcher and the participants. The interviews were conducted in a common hall of Fuccms. The participants were given the option to do the interview in closed doors however no one felt the need for privacy. Because the interviews were in the common hall, other members of Fuccms were present and on several occasions some individuals appeared to be under the influence, were very loud, disruptive and in one instance an individual threw a ceramic mug at the wall causing pieces of the shattered ceramic to land on the researcher. The interview was subsequently stopped and resumed at a later date.

Another possible limitation was due to a small sample size and purposive sampling which allowed for the potential for selection bias. All of the participants were chosen based on whether they fit the age category. The researcher relied on her self-professional network to identify suitable research candidates to participate.

## 4.0 Findings

This chapter reports on the findings yielded from the interviews. The information acquired from the interviews provided in this chapter is concerning the experiences, thoughts, descriptions and beliefs shared by the participants. The interview findings are sorted into the following categories and sub categories:

### 4.1 Pathways to homelessness

4.1.1 Length and occurrence of homelessness

4.1.2 Family breakdown

4.1.3 Substance use

4.1.4 Living conditions

### 4.2 Barriers to housing

4.2.1 Housing affordability, availability and accessibility

4.2.2 Income/Finances

4.2.3 Substance use

4.2.4 Mental Health

4.2.5 Needs of seniors

### 4.3 Government initiatives

## 4.1 Pathways to Homelessness

Participants were asked about the length of time they had been homeless for. All fourteen participants indicated they had experienced an episode of homelessness at least one time in their lives. They were also asked about the reasons that they believed led to the loss of their housing. The purpose of these questions was to obtain a general idea of whether they were long-term, chronic or recently homeless and also what they believed led to their destitution. In general, there seemed to be some resentment towards this question and several participants immediately

blamed “the system” for their current situation. It was evident that their circumstances and experiences had caused them a lot of pain, grief and emotional distress. The following section will discuss the length of time the participants were homeless for and what the reasons they perceive to have led them to homelessness.

#### **4.1.1 Length and Occurrence of Homelessness**

Out of fourteen participants, four indicated they had been homeless their entire lives, that they were in and out of shelters and temporary rooms, but that for the most part had spent a majority of their lives on the streets. The four participants of the sample had become homeless for the first time between the ages of 14 and 19. A few limitations emerged when trying to capture the participant’s experience and length. When asked to define or quantify the amount of time-spent homeless, the participants had difficulty calculating the total duration of their homelessness due to persistent and prolonged episodes. For example, one respondent had such a long and complex history of unstable housing and indicated that they had experienced an episode of homelessness that lasted for two consecutive years as well as multiple episodes that lasted for a week at a time. Another participant indicated they had been in-and-out of shelters and temporary housing across Canada. They shared that Vancouver was by far the most expensive city in terms of living and other expenses but that the milder winters made it more bearable to be out on the streets.

Eight participants indicated they had become homeless at later points in their lives. Seven participants revealed they had become homeless in recent years (in their senior years). Three of those participants indicated that one of the reasons for their homelessness was as a result of mental health problems. One participant shared that having a mental breakdown rendered her evicted from her dwelling and becoming homeless. That the current housing system did not have the means to accommodate their needs, in this particular instance, there was a lack of support to address their mental health requirements. The remaining four participants stated they had become homeless during their adulthood (ranging from 30 to 48 years of age). The reasons ranged from: lack of income, loss of employment, substance use, loss of a partner, or being in abusive relationships.

### **4.1.2 Family Breakdown**

The most common reason to a life in the streets for six participants was due to family breakdowns during their younger years. In all six instances, however, the reason that lead to their homelessness was also accompanied with some sort of substance use and misuse. One participant shared that their family was not supportive of their drug use and as a result ended up “kicking [the subject] out”. Some individuals indicated that coming from a broken home was the main reason for choosing the streets in combination with a number of poor life decisions. Those participants did not seem comfortable explaining in greater detail what those “poor life decisions” were; therefore the researcher did not probe any further. It was however evident that there was a lot of emotional disappointment and pain when participants chose to talk about their family or relationships.

Two participants indicated that a breakdown in their family or relationship was the cause for recently becoming homeless. One participant shared that a familial dispute over money left them destitute and on the streets. Without the financial support of their family they were unable to acquire housing on their own even with Government financial support. For the first time in their lives, this individual who had a career at one point, a place to call home, a family and a lot of friends was now a senior was facing homelessness and there was nothing that could be done about it. The other participant shared a similar story, however this was as a result of a breakdown in relationship and loss of a spouse. The participant indicated that the loss of their spouse was the culminating factor to a life on the streets. They also indicated that the despair and isolation led them into a pathway of substance addictions and ultimately a snowball effect into to myriad of health problems.

### **4.1.3 Substance Use**

Some participants were hesitant to answer the question regarding their substance use, if there was any. The researcher identified quickly that this was probably because of mistrust. To address this, the researcher assessed the appropriateness of the question as well as timing during the course of the interview. Out of fourteen participants, nine indicated that they had at some point in their lives formed a substance dependency. Six participants indicated they used a variety of drugs quite frequently. Two participants indicated they had started using at a later point in their lives as

a coping mechanism. Two participants indicated they had never used drugs in their lives. Another respondent stated that they were “too broke” to afford drugs. None of the participants pointed to substance use as the main reason for their living situations. Three participants identified it as something that likely contributed to ending up on the streets but did not state a complete correlation between the two.

#### **4.1.4 Living Conditions**

Eight participants indicated that the housing they were living in was deteriorating and in unsanitary conditions. One participant shared that rodent infestations required them to alter their lifestyle to ways that made it very difficult to endure. They stated that their option was to either live in a rodent infested dwelling or to live on the streets. Participants repeatedly mentioned finding clean and comfortable housing as a challenge and they conveyed that a lot of subsidized and temporary housing was well below the standard of living expectations with regards to cleanliness. One participant indicated they were evicted because their dwelling was infested and quarantined. They shared that this left them on the streets, with nowhere to go and with very little to fend for themselves. They had no option but to return to the streets and seek shelter aid. The landlord of this particular scenario was able to evict them because they deemed the dwelling “unlivable”; furthermore, according to the participant there was no support from the Government to ensure proper placing following the eviction. Two participants indicated that the temporary housing they were currently under was clean and well maintained but complained about the lack of social support available to them as seniors. All six participants who were staying at the FUCCMS shelter indicated they were very unhappy with the conditions of the shelter. Two participants indicated they had obtained an infection from the shelter and needed to seek medical help in order to obtain treatment medication. There was also mention that drug use was being conducted in the shared areas and used needles were often left haphazardly in places such as the washrooms and showers.

## **4.2 Barriers to Housing**

Barriers to housing were expressed in a multitude of ways by the participants. The four emergent sub-categories to the theme of barriers to housing are: housing affordability, availability and accessibility, income/finances, family breakdown and substance use.

#### **4.2.1 Housing: Affordability, Availability and Accessibility**

Generally, all of the participants indicated that housing affordability and availability prevented them from feeling secure in their current housing situation or acquiring a place to call home. Five of the participants who were staying at the FUCCMS shelter indicated they were on a waiting list to obtain permanent housing. Six participants were using some form of housing aid such as transitional housing, subsidized housing for seniors and single room accommodations. A participant shared their fear towards being evicted at any time because they were using a transitional housing aid that was given to them for a period of two years but that they could be evicted at any point in time. The other three participants indicated that they shared their time with friends, and sometimes would stay in shelters and other times they would end up spending the night on the streets. Eleven of the participants indicated that housing availability and affordability was the main barrier to their housing situation. They generally agreed that housing was simply not available for them, they had to be put on a long wait list and were afraid of whether they would have a place to sleep the next day. One participant was so disillusioned with the housing system that they referred to the streets as their home base.

When asked about the application process of acquiring housing, a majority of the participants felt some type of aversion towards the entirety of the tenancy process and that there was little or no hope for them. A majority felt marginalized for being seniors and shared, without being prompted, that they were often viewed as problematic renters. Six participants indicated they felt they generally knew where to obtain help in order to apply for housing and stated they were very happy with the staff at FUCCMS because they (the staff) went above and beyond their duties to help them. Four of the participants indicated that they felt more disadvantage because they did not know how to use a computer to look for available housing services and would not know how to look for assistance. All fourteen participants shared a common notion that the process of acquiring housing was extremely difficult and they felt a lack in their ability to be informed in the rules and guidelines. Nine participants of the sampling group also stated that they knew there were other housing services out there but they did not know exactly how to obtain information regarding them. For example, one participant stated that they found out about a recent housing service being offered for seniors through the local newspaper. They further stated that there

should be better ways of communicating these sort of initiatives and services to the population it intends of helping rather than getting it from the news.

#### 4.2.2 Income/Finances

The Vancouver housing crisis makes it virtually impossible for the seniors who participated in this project to be able to obtain a home of their own (a rental home). Even with Government assistance, six participants indicated they needed to share the costs with a roommate in order to be able to afford other basic necessities such as food. Not surprisingly, all fourteen research participants indicated that their financial status prohibits them from being able to obtain stable housing. Table 1: Sources of Income for Seniors, below demonstrates what sources of income the participants receive. One participant shared that they received \$900 a month from the Government of which \$375 goes directly towards rent. The rent total is \$700 a month and the participant is left with \$200 a month for living expenses such as food and medication. The participant had recently become homeless because they were no longer able to afford rent and as a result had to resort to shelter use at FUCCMS. Two participants indicated that the money they obtain from their Pension or OAS is sometimes utilized to support their substance use habits and were generally misspent. Participants who shared that they struggled with financial planning and budgeting were very receptive to the option of having their money managed for them. They indicated that if their rent was paid for them directly from their benefits that they wouldn't have to worry about being evicted. One participant shared that they resorted to illegal means in order to make ends meet. The social income support they received gave them no choice but seek other means for income support.

| <b>Sources of Income</b>                  |   |
|---|---|
| <b>Canadian Pension Plan</b>              | 4 |
| <b>Old Age Security</b>                   | 3 |
| <b>B.C. Income Assistance</b>             | 2 |
| <b>Non-profit Organization Assistance</b> | 2 |
| <b>Family</b>                             | 1 |
| <b>Other</b>                              | 2 |

Table 1: Sources of Income for seniors

### **4.2.3 Substance Use**

Seven research participants who indicated they used substances regularly or on a recreational basis stated that it was challenging to secure housing because a lot of homes have a no drug or alcohol policy. For this reason, four participants indicated they end up staying on the streets or in low-barrier shelters such as FUCCMS. One participant shared that they just want to be able to live comfortably in a home where they can use their substances and not be penalized for their way of life. Twelve participants reported they drink alcohol. The frequency varied amongst them but most reported drinking on a recreational basis. Individuals who indicated they used substances regularly reported the substance to be a combination of alcohol and other drugs. Four participants indicated that they did not use substances and shared an indifferent opinion about whether substance use was in general a barrier to housing. Two participants indicated drugs were “too expensive of a habit to maintain in this city”.

### **4.2.4 Mental health and Well-being**

The research sample was asked about their mental health and general well-being. Thirteen respondents indicated that they were taking some form of medication to either treat an ailment(s) or mental health condition. The following mental health conditions were reported by individuals, some reported as having more than one disorder from the list:

- Mood disorder
- Schizophrenia
- Post traumatic stress disorder
- Anxiety disorder
- Obsessive compulsive disorder
- Concurrent depression

Nine participants indicated that they were prescribed medication to treat a mental health disorder but were inconsistent in taking them on a regular basis. The reasons for this ranged from forgetting to take them, forgetting to obtain their prescription on time, not liking the side effects, and feeling like they did not need them. One participant was not sure as to why they were not consistent with not taking the medication. One participant shared that they probably needed to be on medication to treat their mental health but did not want to put any “chemicals” in their body. At the time of the interview six participants reported their mental health as “very good”, four participants reported “good”, three participants reported “fair” and one respondent reported

“poor”. All fourteen research participants indicated that their mental health was largely affected by the stress and anxiety from not being able to acquire or maintain housing. Two research participants reported losing their home as a result of a mental breakdown.

### 4.3 Needs of Seniors

The needs of seniors have been mentioned throughout the sections of the Findings chapter. All of the research participants indicated on at least two occasions of specific needs that they had and were not being addressed or considered when it came housing support. Two participants indicated having mobility issues because they needed walking aids and found it a great challenge and barrier not only to housing but also in performing normal tasks such as buying their own groceries or bathing themselves. Several participants indicated they were unable to maintain their home clean because of medical ailments resulting from chronic pains such as arthritis and osteoporosis. Participants who indicated they lost their home as a result of a mental breakdown felt that if they had the appropriate care to deal with their mental problems, that their eviction could have been avoided. The research participants made it clear that aging was an extremely difficult process for them, especially because aging is often accompanied with illnesses and the decreasing ability to care for oneself. A sentiment echoed by all participants was that of despair and sorrow because they were no longer the agile and resilient individual they once were. One participant who was identified as being long-term homeless noted the difference between being on the streets in their younger years versus now, a senior, who is always in some kind of pain. That participant noted the differences and how the aging process affects literally everything and argued that these are circumstances that the Government and advocates should take into consideration when addressing homelessness.

### 4.4 Government Initiatives

A common theme throughout all of the interviews with the sample of participants was that of lack in trust and belief in the Government and their initiative to address the problem appropriately. All of the participants shared total disillusionment in the Government’s ability to solve the “problem”. Nine participants indicated that Government funding towards services

focused on housing all seniors would never occur. The rest of the participants indicated that they remained hopeful that change would happen, if not in their lifetime but perhaps for the next generation. All of the research participants pointed towards the need of housing that caters to the specific needs of seniors. Some examples of how these needs could be met were identified as providing assistance to seniors with mental and health problems, seniors who have physical disabilities and are bound to wheelchairs or need walkers. Affordable but most importantly appropriate housing was commonly argued as the answer to addressing this matter. One participant indicated that the City of Vancouver is currently not prepared for the number of seniors who are homeless and since the numbers are growing, the participant said they will remain hopeless that change is coming. Research participants also highlighted the importance of the community being included in the creation and decision-making process regarding initiatives towards addressing homelessness. For example, one research participant stated that consultation of seniors should be mandatory for shaping and making policy as this would not only help the Government obtain a more holistic approach to addressing the problem, it would also make seniors feel included and a part of the process.

The findings identified in this study have demonstrated a wide range of experiences of homelessness amongst seniors. A wide range of experiences and perceptions of homelessness and the current homelessness problem were reported amongst the participants in this study. Characteristics such as the length of homelessness episodes and reasons, pathways and barriers to homelessness, as well as their individual circumstances, varied from one participant to another. Yet despite the personal differences, all fourteen participants identified similar reasons and factors as having contributed to their homelessness or inability to obtain and maintain housing. Nonetheless, the qualitative interviews provided evidence that housing is a crucial element for their health and well-being.

## **5.0 Discussion and Analysis**

This section of the report will address the interview findings in relation to the relevant literature review. The findings from the interviews and from the literature review have been combined to summarize key points made in the Findings Chapter and have been linked to the research questions this project is trying to address. The following topics will be discussed:

### 5.1 Barriers to Housing

#### 5.1.1 Affordable and Available Housing

#### 5.1.2 Appropriate Housing

#### 5.1.3 Income and Finances

#### 5.1.4 Substance Use

#### 5.1.5 Mental Health and Well Being

### 5.2 Pathways to Homelessness

### 5.3 Needs of Seniors

### 5.4 Government Initiatives

## 5.1 Barriers to Housing

### **5.1.1 Affordable, Appropriate and Available Housing**

The literature review and the qualitative interviews have demonstrated that seniors become homeless for a variety of reasons. The research has further identified that generally seniors have unique needs that can be complex and will impact their needs as it relates to acquiring housing that caters to their individual requirements. Through the qualitative interviews, it was identified that seniors are most concerned with housing that is affordable, appropriate and available. As the literature suggests, the most typical barrier identified in acquiring housing is high rental prices (BCNPHA, 2017, p.43). Research participants also confirmed this as they indicated that their main reason for not being able to acquire stable housing as a result of their inability to afford the costs of the astronomically high rental prices in Vancouver. Chamberlain and Johnson (2011) indicated that a financial hardship is determined as a structural factor that drives homelessness.

The disparity between supply, demand and affordability is indeed a general trend regarding access to affordable housing across Canada (Serge et al., 2003, p.12). The seniors who participated in this research shared the sentiment that the housing demand certainly does not meet the supply or the affordability.

### **5.1.2 Appropriate Housing**

The seniors who participated in this research reported numerous instances of housing that did not cater to their needs or was in deteriorating and unsafe conditions. Seniors with specific needs such as barrier free showers for wheelchairs access was used as an example. Other examples included less than tolerable living conditions as a result of poor maintenance of the dwelling, and infestations rendering it an unhealthy and safe environment to live in. The literature review in this report did not include findings specifically dedicated to appropriate housing for seniors because there was a lack of research surrounding this matter. Barriers to housing highlighted in the 2017 Homeless Count accounted 30% to “no suitable housing” (BCNPHA, 2017, p.20). Of this total number, 18 percent of their research population pointed to poor housing conditions (BCNPHA, 2017, p.20). Specific details to better understand the definition of suitable housing or poor housing conditions was not identified in the literature either. The research participants clearly identified that a lack of housing that met their needs or that offered an acceptable living condition as a barrier to housing. Interestingly, the 2017 Homeless Count added “No housing available that suits my needs” for the first time this year in their Count as a main barrier to housing.

### **5.1.3 Income and Finances**

The literature review identified numerous studies that recognized low-income as a primary contributing factor to homelessness among the elderly population. Ploeg et al.’s (2008) research indicated that seniors are at a greater disadvantage because they have much lower incomes and have higher medical expenses when compared to the rest of the homeless population (p.599). The interview participants shared a sentiment of despair when discussing the topic of income and finances. In general, they attributed their homelessness to not having any money or financial power to extricate themselves from their current living situation. Sheridan (2006) identified that the lack in finances and the current housing crisis will inevitably continue to push seniors towards homelessness unless the Government starts providing fully subsidized housing (para.8). The research findings and the literature highlighted the notion that even when seniors receive

some type of income revenue, it is still insufficient to secure and afford housing in the Metro Vancouver area.

#### **5.1.4 Substance Use**

Consistent with the literature review, the results of the qualitative interviews were somewhat difficult to interpret and the research participants seemed to have some kind of aversion to answering the question. Dennis et al's (2012) study reported that seniors are not as likely to report their substance use when compared to the younger population (p.355). Similarly, the recent Vancouver homeless Count Study had a significant number of homeless participants decline participation in the research because of their substance use (BCNPHA, 2017, p.67). Beynon (2009) reported that a lack of documented drug use among seniors stems from the covert nature of the activity (p.8). Participants in this study were assessed to be uncomfortable with the question based on the changes in body language when asked. Almost half of the participants indicated to frequent substance use. The homeless Count correspondingly had more than half of their total research population report of a substance addiction (BCNPHA, 2017, p.24). Much like the literature review, the results of the interviews confirm that further research is necessary in order to further understand substance use and its impact as a barrier to housing.

#### **5.1.5 Mental Health and Well-being**

Three main findings were uncovered from the literature review and the qualitative interviews. First, this report has identified that individuals who are homeless are most likely to suffer from a mental health illness. The literature has demonstrated that homelessness and mental health illness can often go hand in hand. For example, mental health issues can be the reason that leads to homelessness. However, homelessness and inadequate housing can also increase the likelihood of either developing a mental health issue or even aggravating an existing condition. The latter was noted in one of the participants who indicated having mental breakdowns as a result of stress from the poor housing conditions they were in and ultimately leading to becoming homeless. The second finding was that, seniors with mental health illnesses are qualitatively different than younger individuals and require more specialized care. Lastly, mental health problems have shown to be a barrier or a threat to stable housing as it increases the instability of being able to maintain stable housing. In Anucha's (2010) study she reported that homeless people with even with the most severe mental health conditions are capable of obtaining and maintaining housing if the appropriate support is provided to them (p.73).

## 5.2 Pathways to Homelessness

Many factors and life course experiences associated with homelessness have been identified. Yet, not one case is the same but predictors of homelessness can help shape policymaking and how to address what type of help is needed or required. The qualitative interviews also identified with Chamberlain and Johnson's (2011) pathways to homelessness in their own ways. While understanding that there is not one typical pathway for everyone, the information acquired from the literature and interviews have demonstrated that influential risks to homelessness do exist. The existing literature review recognizes these types of pathways to produce a homeless situation. The interviews allowed for further insight into the nature of the participant's homelessness across their life course. While several participants identified personal histories of homelessness that had begun in their youth years, others had also reported the onset of homelessness in their adult and senior years.

The findings in the literature review found strong links between homelessness and family conflict. Several studies mentioned in the literature review reported conflict in families as the precipitating or most immediate factor to homelessness (Shelter, 2005, p.17; Hyde, 2005, p.175). Almost half of the participants reported family conflict as a reason for their homelessness. Participants also reported social isolation from friends, family or a partner as a pathway to homelessness. The literature confirms this finding, suggesting that social-alienation can have a large impact on the length and duration of homelessness (Calyn & Morse, 1991, p.161).

Overall, the qualitative findings show evidence that respondents who have experienced long-term homelessness have moved back and forth in what appears to be a cycle of housed to homelessness scenarios throughout their lives. The qualitative results have also demonstrated that combinations of negative factors can generate homelessness or put them on the brink of it. All five pathways identified in the literature surfaced during the qualitative interviews and while some participants identified more than one pathway as the reasons for their homelessness; others only experienced one pathway that lead to their living circumstances.

## 5.3 Needs of Seniors

Throughout the literature, the uniqueness of the needs of seniors has been identified countlessly. The research findings suggested that one of the reasons why seniors have a difficult time obtaining and maintaining secure housing is because their needs are not specifically being catered to, thus leaving them on a vicious cycle of housed to homelessness. Both the literature review and the interviews demonstrated that a “one size fits all” approach is futile as the needs and circumstances of every individual can vary significantly. More specifically, the needs of seniors vary greatly than those of the younger population who are homeless. Within the cohort of homeless seniors, the literature and interview data also showed that their needs may be specific to their own circumstances. The qualitative interviews demonstrated a wide range in needs. While some seniors expressed the need to have complete autonomy others indicated that they had difficulties conducting basic daily tasks. Both the literature and interview research highlighted the need for future research. This is essential in discovering specific needs, requirements and level of assistance for the development of programs geared to offer assistance to seniors.

#### 5.4 Government Initiatives

Both the literature review and research findings have identified a number of Government efforts and initiatives towards addressing the homelessness problem. A common theme that was apparent throughout the review is that Government initiatives need to be more focused on the older population of homeless individuals. It is also apparent that the Provincial needs to better prioritize the needs of seniors. For example, the City of Vancouver’s ten-year homeless strategic plan has set the development of policies at a medium level of priority (meaning that it will take about two years for implementation). The qualitative interviews along with the literature have shown evidence that the current situation of housing seniors is in need of greater priority and attention. The findings have also highlighted that the municipal and provincial Government need greater support from the federal Government in order to be able to achieve change.

The city of Vancouver 's (2017) revised plan to ending homelessness recognized that their initial effort to completely eliminate homelessness by 2015 was failing short. Nonetheless, the plan has made significant efforts and the research participants echoed this as well but shared the sentiment that the efforts were still insufficient. Furthermore, the participants stressed that Government initiatives need to take greater steps in including seniors in the consultation and decision making process.

## 5.5 Other findings

While most of the findings in the literature were reflected in the qualitative interviews, there were some themes that were not discussed by the participants. For example, the literature review included gender challenges between men and women. It determined that patterns of homelessness between genders varied and that each gender had distinctive needs. The literature also identified a number of differences between both genders. It identified that men were more likely to be homeless than women and that men were more probable to suffer from substance addictions. Of the six women and eight males who participated, none identified their gender as a reason to homelessness or barrier to obtaining and maintain housing. The qualitative interviews failed to demonstrate specific challenges as a result of gender differences. While the literature review prompted that each gender has specific needs and requirements, the qualitative interview results indicated that the seniors all commonly had needs revolving around housing, lack of income and lack of support, regardless of their gender.

## 5.6 Summary

The research findings and literature suggest that barriers to housing and pathways to homelessness can be interconnected; that is, a barrier to obtaining housing can also be a pathway that leads to homelessness. In line with the conceptual framework, both the literature and findings have demonstrated that a whole-of Government approach is best in seeking to address the homelessness problem seniors are facing because it requires the participation of all the parties involved to work together in order to achieve a common goal. The literature review consistently

demonstrated that seniors have unique needs that need extensive consideration in the delivery of services.

## **6.0 Recommendations**

### **6.1 Introduction**

The purpose of this project is to explore possible solutions that can be developed in order to address the lack of Government and outreach support for seniors, particularly with the need to house homeless seniors. Subsequently, this project also intended on informing FUCCMS of the current perceptions and challenges experienced by seniors. The results of this study can hopefully be taken to strengthen the argument that greater support and assistance is needed through collaboration from all Government bodies and stakeholders in order to address the problem.

Based on the research acquired throughout the literature review and the qualitative interviews of homeless seniors, the following options and recommendations should be considered to help address the current homelessness crisis among seniors.

### **6.2 Tactical and Strategic Recommendations to Consider**

#### **Tactical Recommendations:**

##### **6.2.1 Involvement of BC Political Parties**

It is recommended that the research findings in this strategy be brought forwards to the local election nominees of Vancouver in an effort to not only raise awareness of the imminent issues but also so that the nominated electoral candidates can put the needs of seniors on their agenda for further advocacy. The campaign period, beginning on September 22, 2018 is a great opportunity for FUCCMS to bring forward the issues discussed on this research project as well as the recommended course of actions to help eliminate the problem of seniors experiencing or at risk of homelessness. Local Government politicians can put these priorities and recommendations on their list and help advocate to higher levels of Government for the needs of seniors.

##### **6.2.2 Training, Awareness and Service Delivery**

From the literature review and qualitative interviews an existing gap has been identified when it comes to community awareness and education of programs available. Due to technological advancements and/or a lack of engagement, seniors often are unaware of new services and programs available to them. The risk of homelessness can be increased due to social isolation, discrimination and lack of awareness of available benefits. FUCCMS should consider alternative solutions to ensuring their clients are up-to-date and informed on new services or changes that can impact them. FUCCMS should also consider obtaining support from Government bodies funding the programs, and ensuring that the FUCCMS staff is fully immersed in the details and protocols of these programs. FUCCMS should request that informative brochures be made by the appropriate agency running the program, service or benefit so it can be disseminated to their clients.

It is recommended that FUCCMS increase advocacy and awareness surrounding the unique needs of seniors or adults transitioning into their senior years. For example, in an effort to reduce financial barriers and increase access to programs that offer supplemental income for seniors or those at risk, further training and awareness is necessary. One idea is to use community outreach through services that seniors may already be accessing. It is recommended that FUCCMS partner with other local non-profit agencies who have the same goals and coordinate training/service delivery education that can be offered to the whole community so that more people are impacted and educated. Reaching people at home can also serve as a means to educate adults who will be transitioning into their seniors years and provide them with information that is helpful with the goal to prevent homelessness.

#### Recommended Actions:

- It is recommended that FUCCMS conduct informative and educational sessions available for seniors in an effort to increase awareness. FUCCMS should consider conducting an informative and awareness driven discussion session that is held bi-monthly. Informative brochures should be made available throughout the facility regarding the different options, programs and benefits available as well as information on how to acquire the services and benefits. It is also recommended that posters be placed around the facility for seniors and others to see. In implementing this, it is recommended that FUCCMS evaluate the success of this initiative to determine if the information sessions are working

and making an impact. Measure of this success can be taken in the form of surveys by asking their clients/participants to provide feedback on the effectiveness and efficacy gained from the sessions.

- It is recommended that FUCCMS consider alternative solutions to ensuring their clients have access to information regarding new services/programs and or services changes that can have an impact on them.
- It is recommended that FUCCMS staff seek to be incessantly informed on all programs and services available to their clients. This can be achieved by continuously conducting online searches on Government sites, maintaining relationships that foster open communication with Government representatives and liaising with other organizations.
- It is recommended that FUCCMS develop a long-term plan to track outcomes and results that will show progress and success. By taking the initiative to inform adults before they age about the programs, services and benefits available to them, FUCCMS would in a place to track the progress of this initiative.
- It is recommended that FUCCMS form a coalition with other organizations that share the same goal and advocate to the federal Government that special consideration be given regarding age and eligibility for support programs.

### **Strategic Recommendations:**

#### **6.2.3 Appropriate Housing**

The creation of more permanent, affordable or subsidized housing for the elderly is an important recommendation. Permanent housing for seniors is a place that they can call a home, where they can comfortably live and age without any fears of eviction. Affordable housing will enable seniors to be able to afford rent and their basic necessities, such as food, without having to be put in a place where they must choose between them due to lack of funds. In order for FUCCMS to access this type of housing for their clients further promulgation is required. It is recommended that FUCCMS seek to build a coalition by merging with other non-profit organizations that are similarly impacted. In order for FUCCMS to operate in an effective environment, it is important to understand its network and how it can contribute to the common wellbeing of their clients. Therefore, it is recommended that FUCCMS understand the impacts and interest of all actors involved.

Recommended Action:

- It is recommended that FUCCMS advocate for further research be conducted in order to identify and understand what the most appropriate housing environment for older people is.
- It is recommended that FUCCMS conduct a stakeholder analysis to identify the congruent interests of all stakeholders and their relationships to FUCCMS. This will be beneficial to FUCCMS as to better understand stakeholder contributions, dependencies between FUCCMS and the stakeholder and identify stakeholder attributes and ability to influence and advocate for FUCCMS.

Further research can be contracted to an external research team that can consult with the federal, provincial and municipal government bodies and all stakeholders. The results of this project can be utilized to demonstrate a gap in determining what appropriate housing really means to seniors, and be used to advocate for their needs to all levels of Government. Efforts should be made to identify how services can be tailored as to cater specifically to those of seniors and the distinctions need to be implemented when housing initiatives are made and incorporated into the city of Vancouver. It is imperative that policy and programming take into account the diversity of experiences, health requirements, and financial situations of seniors.

Through this coalition, all levels of Government can be advocated to for the creation of more housing and for seniors to be placed on a higher priority level to gain housing. Seniors are a delicate demographic who need to have the support should they lose their home and become destitute. Research has endlessly identified patterns and triggers of homelessness and if preventative measures are unable to counteract homelessness before it happens, then Government initiatives need to be in place to offer immediate support and care for those who are not able to care for themselves.

#### **6.2.4 Permanent and Affordable Housing**

The most specific recommendation and overarching theme that has emerged from this project is for the development of more permanent and affordable housing for homeless seniors and those at risk of becoming displaced.

Recommended Action:

- It is recommended that FUCCMS advocate to the City of Vancouver and request that seniors be placed on a higher priority level to obtaining housing.

In order for the City of Vancouver to achieve this they must turn to the federal Government for greater support and increased funding. This can be achieved at the federal Government level because federal administrations have the ability to continue to support and fund policies and programs such as the National Homeless Initiative (Government of Canada, 2017). Furthermore, funding from the federal Government must continue to increase in an effort to offer support for affordable housing at the provincial and municipal level. The research presented in this project is very much in line with many of the recommendations made by Gaetz et al. (2013) for public policy regarding homelessness (p.38). Gaetz et al. recommends that any plan to end homelessness needs the engagement and support from all levels of Government (p.38). The impact of the Vancouver housing crisis has been referred to on numerous occasions throughout this project as a major artery to the facilitation of homelessness. Gaetz et al. (2013) argue that the fundamental element to reducing homelessness is dependent on adequate market rentals and a substantial increase in the supply of affordable housing (p.39). The federal and provincial Government needs to support investments and new resources for affordable housing in Vancouver. In addressing the needs of seniors, it is recommended that the increased investment include supportive housing that will address the complex needs of both visible and invisible disabilities, mental health problems and addictions (Gaetz et al. 2013, p.39).

#### **6.2.5 Program and Service Delivery**

Housing alone is insufficient to care for seniors who have medical requirements, mental health illnesses or suffer from addictions. Services and programs must be designed in a manner that addresses the unique needs of seniors.

Recommended Action:

- It is recommended that FUCCMS seek for the facilitation of a workshop that includes healthcare providers, the Minister of seniors and other stakeholders. These workshops will hopefully address the current issues and needs of seniors and facilitate informed responses to the current gaps.

- It is recommended that FUCCMS also request that research be conducted to include the impacts of the homelessness and housing crisis among the Aboriginal and First Nations community. It is also recommended that research include an analysis of cultural differences and particularly individuals who have recently immigrated to the area and who may have other challenges such as language barriers or cultural integration into society.

A taskforce can take strategic steps to better understand the needs of seniors. Seniors who are socioeconomically marginalized and are unable to afford home care should have access to more public-funded care. The appropriate services will not only lessen the financial burden of aging at home but will also provide health and social support to help seniors remain housed and live a healthy lifestyle. Eligibility requirements of age 65 prevents seniors under that age from being eligible for the Canada Pension Plan and other programs that could alleviate some of the financial burden they are challenged with.

#### **6.2.6 Improving and Driving Informed Decision Making**

From a municipal perspective, the most important factor is continuing to produce reports that are representative of the total number of the homeless population. Gaetz et al. (2013) point out that the efforts from municipal Governments to conduct and produce Counts offers a more accurate picture of the problem (p.23). Furthermore these numbers will not only help and guide policy makers for the purposes of planning and evaluating, but also will also allow for a more accurate measure of success and progress, or lack thereof (Gaetz et al., 2013, p.23).

Recommended Actions:

- It is recommended that FUCCMS engage and encourage participation of their clients when opportunities arise to participate in data collection surveys.
- It is also recommended that FUCCMS seek to provide feedback to the Municipal bodies conducting these studies in helping identifying new themes and trends that represent their clients (the homeless population).

The Vancouver Count produced a more accurate representation of the homelessness problem than ever. The numbers were indeed alarming but it unquestionably stressed the fact that change

is needed or else the implications will continue to worsen. The Count was also able to identify new trends through the use of data that was previously not available (BCNPHA, 2017), and has allowed for researchers to expand on previous findings or discover new themes.

### **6.2.7 Engagement at All Levels**

The success of the communities being able to eradicate homelessness relies heavily on the engagement and support of all levels of Government. Gaetz et al. (2013) reports that coordinated participation by all levels of Government need to align strategic priorities to levels of Government and assign key responsibilities by order of importance (p.38).

Recommended Action:

- It is recommended that FUCCMS place an emphasis in advocating to the municipal and provincial Government to coordinate and seek the participation of all Government bodies by advocating the needs of the homeless seniors.

## **7.0 Conclusion**

The problem of addressing homelessness amongst seniors has been identified as a complex phenomenon. This is in part due to the many factors involved in the causes and pathways that lead to homelessness and also the varying and distinctive needs of seniors. Addressing homelessness comes with significant costs and this paper has examined the many strains the Downtown Eastside and its community member's face that is prohibiting the advancement in the abolition of destitution. This paper examined the history, causes and the impacts of homelessness on seniors and Canadian society as a whole. This report intended to identify emerging trends and provide recommendations that can improve the current crisis for seniors who are experiencing or are at risk of homelessness. While a simple solution is not available, it is possible to steer policy makers in the right direction by placing an emphasis on the gravity of the problem and recommending that feasible, affordable and appropriate housing be made available to those in need as a way to end homelessness in Canada.

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## Appendices

### APPENDIX A:

#### Interview Questionnaire

|   |
|---|
| <b>Participant (Pseudo) Name:</b>   |
| <b>Gender:</b>  |
| <b>Age:</b>   |
|   |
| <b>What is your current living situation?</b>   |
|   |
| <b>(If homeless) How long have you been homeless for?</b>   |
|   |
| <b>What challenges do you have with finding a home?</b>   |
|   |
| <b>Is this the first time being homeless? If you can recall tell me how many times in your life have you been homeless?</b>                     |
|   |
| <b>(If housed/sheltered) Do you feel a concern for your safety in your current living situation?</b>  |
|   |
| <b>Why do you think you became homeless?</b>  |
|   |
| <b>What are the reasons that led to your eviction?</b>  |
|   |
| <b>What income support are you currently receiving?</b>   |
| -Pension <input type="checkbox"/>   |
| -Old age security <input type="checkbox"/>  |
| -Work <input type="checkbox"/>  |
| -Family <input type="checkbox"/>  |
| -Other <input type="checkbox"/>   |
|   |
| <b>Tell me a bit about your expenses? Where does your money go?</b>   |
|   |
| <b>Do you find it difficult to manage your money?</b>   |
|   |
| <b>If there was an option for your rent to be automatically deducted from your income support services (ie. pension/OAS) would you take it?</b> |
|   |
| <b>What sort of help do you think you need to get off the streets? (If currently homeless)</b>  |
|   |

|   |
|---|
|   |
| <b>What is the hardest thing about being homeless?</b>  |
|   |
| <b>Do you use any illegal substances or alcohol? How often do you use?</b>  |
| <b>Tell me a little bit about your mental health and general well being? Are you on medications? How are you feeling today?</b> |
|   |
| <b>Where would you ideally like to live?</b>  |
|   |
| <b>What are your views of the tenancy or housing process?</b>   |
|   |
| <b>What do you find most challenging about the this process?</b>  |
|   |
| <b>In your opinion, what could the Government do to reduce homelessness and alleviate the housing crisis?</b>                   |
|   |
| <b>Where would you like to be in a year's time?</b>   |
|   |