

Aging and homelessness in Canada: A review of frameworks and strategies

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"Homelessness in late life: growing old on the streets, in shelters and long-term care"
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I. Introduction

The number of older people who are homeless is expected to rise as a result of population aging (see Edmondston & Fong, 2011), and the compound impacts of poverty, inequality, and rising housing costs in Canada and elsewhere (Crane & Warnes, 2010; Culhane, Metraux, Byrne, Stino, & Bainbridge, 2013). Although population aging is widely recognized internationally and in Canada, frameworks on aging often overlook vulnerable subgroups, such as older people who are homeless. Similarly, strategies and initiatives to end homelessness in Canada tend to focus on younger groups, overlooking the needs of older people (Burns, Grenier, Lavoie, Rothwell, & Sussman, 2012). This gap leaves decision-makers and practitioners with few directives to respond to the needs of people who are both older and homeless. The purpose of this report is to explore guidelines on aging and on homelessness, as a basis for establishing suitable policy and practice responses to homelessness among older people. It addresses the following question: *How do the agendas in the domains of aging and of homelessness address homelessness among older people? What lessons can be learned?*

This report is a critical analysis of frameworks on aging, and strategies on homelessness. It is founded on the premise that policy discourses can significantly impact social programming and lived experience. Drawing on work in social gerontology, social policy can be read as a narrative that reflects socio-cultural values about aging and late life, and that shapes beliefs through systems and structures (Estes, Biggs, & Phillipson, 2003; Hendricks, 2004). This is especially the case where current ideas about aging are implemented through organizational practices related to care rationing and eligibility for services (Grenier, 2012). Critical perspectives on aging and late life can be used to explore how policy frameworks set the boundaries for service eligibility and social responses (see Estes et al., 2003; Grenier, 2012;

Hendricks, 2004). As such, failing to recognize older people as a target group within strategies on homelessness may sustain the invisibility of older people, and translate into a lack of targeted services to meet their needs.

Our report begins with a review of relevant international and Canadian frameworks on aging. We briefly examine these documents to contextualize our discussion and explore how they may be relevant to considerations of homelessness among older people. We focus on international documents that outline the rights and social inclusion of older people, and that set guidelines for supporting older people's health and well-being (UN, 2002; UNFPA and HelpAge International, 2012). We then describe Canadian efforts to respond to these international frameworks (Government of Canada, 2002; Public Health Agency of Canada, 2006). In our review of documents on aging we pay particular attention to discussions of housing, as these discussions have implications for responses to homelessness among older people.

We then review what is known about homelessness among older people in Canada, including definitions, estimated prevalence, and the responses that are currently underway across the country. Following this we describe the methods and results of a qualitative study of 42 Canadian strategies on homelessness conducted between January and August 2014. Our review addressed the question: "to what extent do strategies recognize, target, and suggest responses to homelessness among older people?" Results indicate that while many strategies are beginning to consider older people as a target group with unique needs, little action has been taken to develop comprehensive services and supports. We discuss the Canadian strategies that are leading the way in developing responses to homelessness among older people, and conclude with a description of promising international examples. These international documents provide useful direction for a Canadian agenda on homelessness among older people.

II. Planning for aging societies

International documents provide an overarching framework for policy responses to population aging. These documents establish guidelines for the roles and opportunities that should be available to older people, and they also shape priorities and responses to older people's needs. In what follows, we outline the approaches of guiding international (UN, 2002; UNFPA and HelpAge International, 2012) and Canadian (Government of Canada, 2002; Public Health Agency of Canada, 2006) documents on aging. The central concepts in these documents—including the concepts of 'healthy' and 'active' aging, and of 'aging in place'—form the basis for dominant approaches to aging and late life. Relevant to our investigation of homelessness, they also discuss needs for housing among older people.

International documents

Population aging has prompted international decision-makers to develop political, economic, and social strategies to address the changing needs of aging societies. The United Nations (UN) have led the action, with the First World Assembly on Aging in Vienna in 1982, resulting in the publication of the *Vienna International Plan of Action on Aging* (UN, 1983) and twenty years later the Second World Assembly on Aging in Madrid, which led to the publication of the *Political Declaration and Madrid International Plan of Action and Ageing* (UN, 2002; see also UNFPA and HelpAge International, 2012). These international frameworks served to initiate an agenda on aging, and guide the development of initiatives across countries and within local communities.

The *Madrid Plan* is the most relevant document to our considerations of homelessness among older people.¹ Released in 2002, this innovative plan advocated a rights-based approach to address the issues of discrimination and inequality that affect older people around the world.

Rejecting a view of older people as “dependent” or as “welfare recipients,” the *Madrid Plan* presented a vision of older people as active, contributing members of society. It recognized older people as full citizens with rights to live freely from discrimination; to fully participate in all economic, social, cultural, and political aspects of their societies; and to have access to appropriate forms of support and healthcare to enable such participation (UN, 2002).

The recommendations made in the *Madrid Plan* have implications for considerations of homelessness among older people, and are therefore particularly relevant to the analysis of strategies on homelessness contained in this report. Based on consultations at the Second World Assembly on Aging, the *Madrid Plan* establishes the need to include older people’s issues at all levels of social policy (i.e., “mainstreaming” aging into other policy domains, including that of homelessness), recognizes older homelessness as a social issue, and suggests the need to develop appropriate housing options for all older people (UN, 2002). In the *Madrid Plan*, the UN (2002) connects the development of appropriate housing options to the concept of ‘aging in place’. A guiding philosophy in discussions of aging societies, ‘aging in place’ focuses on the provision of supports that enable people to continue living independently and safely in their own homes and in community settings in later life (see Callahan, 1992; Cutchin, 2003; Pastalan, 1990; Rowles, 1993; Tilson, 1990; Wiles, Leibing, Guberman, Reeve, & Allen, 2012). In line with this philosophy, one of the objectives that was reached at the Second World Assembly on Aging, and laid out in the *Madrid Plan*, is “the promotion of “ageing in place” with due regard to individual preferences and affordable housing options for older persons” (UN, 2002, n.p.).ⁱⁱ

To enable all older people to ‘age in place’, the consultations made in developing the *Madrid Plan* underline that appropriate housing for older people must account for “accessibility and safety; the financial burden of maintaining a home; and the important emotional and

psychological security of a home” (UN, 2002, n.p.). To ensure appropriate housing for older people who require higher levels of care, the UN (2002) identifies the need to integrate affordable housing with social support services and with opportunities for social interaction, and to design accessible housing so that older people with impairments may be integrated in community settings. Finally, the recommendations outlined in the *Madrid Plan* also emphasize the importance of ensuring older people’s capacity to express choice and preference with regards to the where they live (UN, 2002).

The UN reported on the progress made in the ten years following the adoption of the *Madrid Plan* in a document titled *Ageing in the Twenty-First Century: A Celebration and a Challenge* (UNFPA and HelpAge International, 2012). The framework laid out in the *Madrid Plan* spurred many countries to develop policies, laws, and plans on aging. For example, a review of information from 133 countries conducted in 2010-2011 found that 57 had approved or published national policies or plans on aging, while ten had polices in progress, and eleven others had developed specific articles on aging within their national constitutions (UNFPA and HelpAge International, 2012, 106). Still, however, based on this review of progress, UNFPA and HelpAge International (2012) call for more work to be done to implement a comprehensive rights-based approach that protects older people from discrimination; to fully recognize older people as active and participating members of society; and to allocate resources for supports that enable older people to participate in society—including income security, access to healthcare focused on disease prevention and health promotion, and access to appropriate housing and transportation (UNFPA and HelpAge International, 2012). It is this point on housing—and specifically on homelessness among older people—that we pick up in this report.

Canadian documents

Documents that address older people's issues have also emerged in Canada. While various reports on seniors' issues exist in Canada (see National Seniors Council, 2014), in what follows we describe national level documents that represent responses to international frameworks like the *Madrid Plan*, and that set a general response to population aging and the issues affecting older people across Canada. Documents such as *Canada's Aging Population* (Government of Canada, 2002), and *Healthy Aging in Canada: A New Vision, A Vital Investment from Evidence to Action* (Public Health Agency of Canada, 2006) take up the UN's (2002) call for governments to develop national strategies on aging, and to promote 'active' and 'healthy' aging as well as 'aging in place'.

The document *Canada's Aging Population* (Government of Canada, 2002) provides a demographic profile of seniors in Canada; outlines the governmental agencies responsible for seniors' issues; and gives a general description of older Canadians' needs with regards to income, employment, and health. This document focuses primarily on policy issues that affect older people, such as access to pensions or healthcare spending. The suggestions made in *Canada's Aging Population* include efforts to ensure adequate housing for older people, and are therefore particularly relevant to considerations of homelessness among older people. Suggestions made in this report focus on the specific initiatives that governments could implement to develop affordable housing options, such as housing renovation initiatives to enable people to remain living in their own homes, and support for public-private affordable housing projects (Government of Canada, 2002). However, this document fails to address social housing as a key policy issue, including the need for safe, affordable housing and the specific issue of homelessness among older people in Canada.

Canada has also developed guidelines to promote the health and well-being of older people, in response to the vision of ‘healthy’ or ‘active’ aging laid out in international documents like the *Madrid Plan*. Notable here is the document *Healthy Aging in Canada: A New Vision, A Vital Investment from Evidence to Action* (Public Health Agency of Canada, 2006). This document calls for the development of (1) supportive environments (policies, services, programs, and surroundings), (2) mutual aid (e.g. volunteering, self-help groups, and informal care networks), and (3) self-care (individual actions to maintain health) (Public Health Agency of Canada, 2006). This document emphasizes the need for individuals to make healthy choices, but also draws attention to the barriers that exist to maintaining good health in late life. For example, *Healthy Aging in Canada* recognizes that inequalities associated with “gender, culture, ability, income, geography, and living situations” can make it difficult for individuals to make healthy choices (Public Health Agency of Canada, 2006, vii). Here, the document acknowledges that living situation is a determinant of health in late life. *Healthy Aging in Canada* recognizes that appropriate housing is necessary for individuals to maintain good health in late life—and that promoting healthy aging requires collaboration among various sectors, including the housing sector (Public Health Agency of Canada, 2006). However, this document falls short of the attention given to housing and homelessness in the Madrid plan. Canada’s plan addresses neither homelessness as a unique circumstance, nor the more substantive issues of housing provision that are crucial to ending homelessness among older people.

In sum, responses to aging in Canada, outlined in such documents as *Canada’s Aging Population* (Government of Canada, 2002) and *Healthy Aging in Canada* (Public Health Agency of Canada, 2006), emphasize the need for policy adaptations that will accommodate changing demographics and for the development of supportive environments to ensure the social inclusion

and health of older people. As such, the national level Canadian documents recognize and address older people's issues, and may in some ways be signs of progress in developing responses to population aging. Where housing is concerned, however, the Canadian responses fall short of international documents (UN, 2002; UNFPA and HelpAge International, 2012). The Canadian documents do not articulate housing as a right—including the right to make meaningful choices about housing options—nor do they consider older people's needs for support in order to maintain stable housing. For example, the existing Canadian frameworks on aging pay little attention to issues of affordable housing for diverse groups of older people, or to the implications of housing for constraining or promoting the vision of healthy aging. To develop responses to homelessness among older people, it is particularly important to ensure that individuals have access to safe, secure, and affordable housing as they grow older. Oversights in Canadian frameworks on aging underscore the need to more carefully consider the intersections of aging and homelessness. With this in mind, we now turn to a discussion of homelessness in Canada and among older people.

III. Homelessness among older people in Canada

Homelessness exists on a continuum and includes a range of situations. The Canadian Homelessness Research Network (2012) comprehensively describes homelessness as “the situation of an individual or family without stable, permanent, appropriate housing, or the immediate prospect, means and ability of acquiring it” (1). Under this umbrella there are four sub-groups of homeless people: the unsheltered, the emergency sheltered, provisionally sheltered, and those at risk of homelessness. Trajectories and experiences of homelessness can also vary according to locations such as age, gender, ‘race’/ethnicity, and geographic context (i.e., rural/urban differences) (Grenier et al., in press). In Canada, Aboriginal people, immigrants

and LGBTQ persons are over-represented in the homeless population, and women and men face unique challenges when they are living on the streets. The needs and experiences of diverse groups are best understood in the context of marginalization over the life course, including systemic practices of colonialism and discrimination, and inequalities in access to pension benefits, employment, housing, and healthcare (see Grenier et al., in press).

Approximately 100 million people are considered to be homeless worldwide (UN, 2005). Canada does not gather comprehensive data on homelessness (Trypuc & Robinson, 2009)—rather, Statistics Canada collects information on the number of people living in shelters (Statistics Canada, 2012).ⁱⁱⁱ Estimates suggest, however, that Canada's homeless population ranges from 150,000 to 300,000 (Laird, 2007; Goering et al., 2014).^{iv} Approximately 20,170 individuals (.05% to .06% of the population) lived in shelters between 2001 and 2011 (Statistics Canada, 2012), and in 2008 there were 1,128 shelters in Canada (Echenberg & Jensen, 2008).

What does 'older' mean in the context of homelessness? Our review of the literature on homelessness among older people suggests that the age of 50 is the most appropriate threshold where policy and planning is concerned (Grenier et al., in press; see also Cohen, 1999; Garibaldi, Conde-Martel, & O'Toole, 2005; Gonyea, Mills-Dick, & Bachman, 2010; McDonald, Dergal, & Cleghorn, 2007; Ploeg, Hayward, Woodward, & Johnston, 2008; Shinn et al., 2007). While the typical age-based threshold for seniors' services is 65, research suggests that a lower age is necessary where older homeless people are concerned. This is in part because people who are homeless tend to experience what are considered age-related impairments when they are approximately 10 years younger than the general population (Cohen, 1999; Gonyea et al., 2010; Hibbs et al., 1994; Hwang et al., 1998; Morrison, 2009; Ploeg et al., 2008). A gap exists in

programming, however, because individuals aged 64 and under are often ineligible for seniors' programs and benefits.

It is difficult to assess exactly how many older people are homeless in Canada. Data suggests that approximately 6% of the visible homeless population in Canada is over 65 (Stuart & Arboleda-Flórez, 2000) and 9% is over 55 (SPARC BC, 2005). Older people are a minority in the homeless population—perhaps due to higher mortality among homeless people, cited as 39 years (Trypuc & Robinson, 2009); and because people 65 and over qualify for programs such as Old Age Security and some Assisted Living Programs that may help ensure stable housing (ESDC, personal communication, 2015). Yet, the number of older people who are homeless is expected to rise with population aging (see Edmondston & Fong, 2011) and the compound impacts of poverty, inequality, and rising housing costs in Canada and elsewhere (Crane & Warnes, 2010; Culhane et al., 2013). Insecure employment, low pension contributions, high health care needs, and experiences of violence (especially among women) can make it difficult to secure and maintain permanent housing in later life. Such trajectories, for example, can mean that older people from disadvantaged groups become homeless for the first time in late life—a phenomenon reported to be on the rise in Canada (McDonald et al., 2007) and internationally (Crane et al., 2005; Morris, Judd & Kavanagh, 2005).

IV. Responses to homelessness in Canada

The Homelessness Partnering Strategy

There are a number of federal, provincial, territorial, regional, municipal, and Aboriginal strategies to reduce and end homelessness across Canada (Gaetz, Donaldson, Richter, & Gulliver, 2013). The federal government funds and supports local initiatives on homelessness through the Homelessness Partnering Strategy (HPS), launched in 2007 and renewed in 2013

ESDC, 2014).^v The HPS federal funds are allocated to 61 designated communities (see ESDC, 2015a, for a list of designated communities). Most designated communities are urban centres, but some rural, Aboriginal, or Northern communities are also included.^{vi}

The HPS outlines the federal government's general guidelines for responses to homelessness, and allocates decision-making capacities to local communities. Under the guidance of their Community Advisory Board (CAB), each of the designated communities develops local priorities and plans. Organizations and institutions engaged in the prevention and reduction of homelessness may apply for HPS funding for projects that address the needs outlined in the community plan (ESDC, 2015a). As such, community plans play an important role in setting priorities and subsequently, for the directions of the initiatives that are taken across Canada. A rapid review of community plans for 2014-2019 found that, of 53 designated communities that submitted plans, only nine named older people as a priority group (ESDC, personal communication, Feb. 12, 2015). It is possible that this reflects the low prevalence of homelessness among older people in some communities. It may also, however, reflect the invisibility of older people in responses to homelessness (see Burns et al. 2012). Our concern is that a failure to recognize and include older people in the community plans may result in oversights with regards to the service and support needs of this group. This is especially problematic as the prevalence of older people who are homeless is expected to increase, as a result of inequalities and population aging.

Housing first

Canada's response to homelessness is premised on the *housing first* approach, as outlined in the 2014 renewal of the HPS (ESDC, 2014). Housing first, which began with New York City's *Pathways to Housing* program in the 1990s, aims to immediately provide homeless people

with housing followed by other forms of support (Tsemberis, Gulcur, & Nakae, 2004). Housing first stands in contrast to the ‘continuum of care’, or staircase approach, that traditionally guided responses to homelessness in North America. Such models supported clients through a linear progression of outreach, treatment, and then permanent housing services (Tsemberis & Eisenberg, 2000). Housing first, by contrast, considers housing a starting point and a prerequisite for overcoming social and physical challenges. The HPS housing first program is based on the following principles: (1) rapid housing with supports; (2) choice in housing and support services; (3) the separation of housing from other services (i.e., homeless people are ensured access to housing regardless of whether they attend treatment programs or maintain sobriety); (4) tenancy rights and responsibilities; (5) community-integrated housing; and (6) support for clients to achieve self-determined goals (e.g. employment, education, improved health), and to become self-sufficient (ESDC, 2014). The HPS requires designated communities to integrate housing first in their planning processes, but communities retain flexibility to implement the model in ways that they feel are appropriate and in conjunction with other approaches (ESDC, 2014, see also Gaetz, Gulliver, & Richter, 2014).

Canada’s adoption of housing first is based on the success of *At Home/Chez Soi*, a nationwide demonstration project that compared housing first to traditional service approaches. *At Home/Chez Soi* operated from 2008 to 2013 in five cities: Montreal, Toronto, Winnipeg, Moncton, and Vancouver. When the research trial was completed in 2013, the original test cities, excluding Montreal, chose to continue implementing the housing first approach.^{vii} Results from *At Home/Chez Soi* suggest that housing first can effectively reduce homelessness and that it is less costly than emergency responses (Goering et al., 2014).

Housing first is intended to channel funding to long-term housing rather than the crisis response services provided through shelters and emergency health care. It aims specifically to reduce the number of people who are chronically and episodically homeless and to relieve pressures on emergency systems (Goering et al., 2014). In many ways, this would include our target population of people aged 50 and over. There is little evidence, however, on the effectiveness of this program for older people who are homeless. The question remains of whether housing first strategies will meet the needs of older people, and there are significant gaps in knowledge on the appropriateness of programs and policies where older people are concerned. It is therefore necessary to review strategies and frameworks in order to assess the existing responses to homelessness among older people in Canada, and to suggest directions for change.

V. Research methodology

The analysis of strategies on homelessness is part of a larger project that sought to understand and account for the changing needs of older people who are homeless in Canada, and the challenges that occur ‘on the street’, in shelters and long-term care. Data collection for the project included: a comprehensive literature review, on-site observations at one men and one women’s shelter, interviews with stakeholders, analysis of trends in administrative data, policy analysis, interviews with older people, and interviews in long-term care. Data from the research project provides insight into the life trajectories of older homeless people, outlines the service barriers that exist for people ‘aging on the streets’, and broadens existing understandings of aging and homelessness within scholarly research and social programming (see <http://aginghomelessness.com> for project reports and publications).

This report outlines the results of a qualitative content analysis of 42 Canadian strategies on homelessness produced between 2002 and 2014. Our analysis was based on two questions: First, to what extent did strategies on homelessness include older people? Second, what responses were suggested? The strategies on homelessness were identified through a systematic search of grey literature, conducted and analyzed between January and August 2014. The year 2002 was chosen as a starting point to align results with the *Madrid Plan*, which as mentioned, included a focus on social policy and housing.

The grey literature search was conducted in the Canadian Health Research Collection/Canadian Public Policy (CHRC) and Canadian Health Research Index (CHRI) databases. These databases contain monograph publications from Canadian public policy institutes, government agencies, advocacy groups, think tanks, university research centres, and other public interest and research groups. They are the only databases containing a comprehensive collection of Canadian policy and grey literature on health and social policy, and using them enabled us to systematically search Canadian strategies on homelessness.

Our initial search strategy employed the terms “homeless,” “houseless,” “on the street,” “unhoused,” and “shelter,” combined with “action plan,” “community plan,” “strategy,” “strategies,” “policy,” “policies,” “legislation,” “program,” and “report.” Our initial search produced 24,413 documents in CHRC and 231 documents in CHRI. A preliminary manual search revealed many documents that did not focus specifically on homelessness (e.g., documents on Canada’s economy, poverty reduction, or substance abuse). The search terms were thus revised accordingly. After a number of attempts to identify the best search terms, we found that a combined search of “homeless persons,” “homelessness,” and “homeless women,” or “homeless men” produced the most relevant results. This resulted in 219 documents in CHRC

and 68 documents in CHRI. Using the inclusion criteria presented in Table 1, the search produced 26 documents from the CHRC database and five from CHRI (including duplicates across both databases).

To ensure comprehensiveness, we conducted a supplementary search using a Google custom search engine for Canadian government documents. This search engine searches over 769 core domains at the federal, provincial and municipal levels of government.^{viii} This resulted in 310,000 documents, with the most relevant documents appearing first. A review of the first 55 documents identified 14 documents that met our inclusion criteria. Three additional documents that did not appear in the formal searches outlined above were also included. Once duplicates were excluded, the final yield was 42 documents. Of these 42 strategies on homelessness, seven were at the federal level, 13 were at the provincial or territorial level, and 22 were at the municipal or regional level (see Tables 2 and 3).

Table 1. Inclusion criteria for grey literature search

Written in English or French (if English and French versions of the same document are found, only the English version is included).
Written in and about homelessness in Canada.
Released in 2002 or later.
Written by or for a Canadian government or non-profit organization.
Is a strategy, community plan, policy, legislation, or program (i.e., research reports, studies, literature reviews, report cards, conference proceedings, meeting minutes, and press releases were excluded).
Is the most recent version of a document, where multiple publications exist (e.g., of the 2003 and 2007 Regina Community Plans, only the 2007 version is included).
Is a strategy on homelessness specifically, or a strategy on housing that explicitly discusses homelessness (i.e., housing strategies that do not explicitly address homelessness are excluded).

Data analysis occurred in two stages. First, documents were read to determine whether they included any discussion of older people. Second, we conducted a computerized word search for the age-related terms “senior,” “older,” “age,” or “aging” in English and “âgé(e)(s),” “âné(s),” “vieux,” and “vieille” in French. Documents were coded and divided into three

categories: 1) *no discussion of homelessness among older people*, 2) *minimal discussion of homelessness among older people*, and 3) *significant discussion of homelessness among older people*. Sections pertaining to homelessness among older people were then copied into a Microsoft Excel spreadsheet that allowed us to compare within and across the documents, according to type and jurisdictional level.

Classifications were made as follows. Documents were included in Category One, *no discussion of homelessness among older people*, if scans and computerized searches failed to identify any references to older people. Documents that referenced older people were then reviewed and further classified according to the extent to which they articulated needs or service responses. Documents where older people were briefly mentioned among at-risk groups without elaboration were placed in Category Two: *minimal discussion of homelessness among older people*. Documents that included a discussion of the challenges, needs or circumstances of older people were placed in Category Three: *significant discussion of homelessness among older people*. The three categories were then reviewed to determine trends within and across categories and jurisdictional level (i.e., federal, provincial/territorial, or municipal/regional). The results section details the numbers of documents per category (by jurisdictional level) and uses excerpts from the documents to illustrate the types of discussions that were taking place.

VI. Results: Older people in Canadian strategies on homelessness

Our review of the 42 strategies on homelessness resulted in 16 documents that had no discussion of older people (38 per cent), 22 documents with a minimal discussion of older people as a target group (55 per cent), and only 4 documents (7 per cent) with a significant discussion of the needs or responses to homelessness among older people. No consistent patterns were found when the documents were reviewed according to jurisdictional level (7 at the federal level; 13

provincial; 22 municipal/regional). In this section, we draw on quotations from documents in the latter two categories to illustrate suggested responses to older people in Canadian agendas on homelessness.

Table 2. Documents included, by category and jurisdictional level.

	Federal	Provincial/territorial	Municipal/Regional
Category 1. No discussion of older people who are homeless (16 documents)	UNHCR, 2009; CAEH, 2012.	NWT, 2005; NWT, 2007; Auditor General- British Columbia, 2009; New Brunswick, 2010; Alberta Secretariat, 2013.	City of Richmond, BC, 2002; City of Regina 2007; Calgary Homeless Foundation, 2008; Toronto, 2008; Social Housing in Action- Lethbridge, 2009; Toronto, 2009; Ville de Montréal, 2010; Greater Victoria Coalition, 2010; CARBC, 2011.
Category 2. Minimal discussion of older people who are homeless (22 documents)	FCM, 2008; Subcommittee on Cities, 2008; Senate Committee, 2009; Gov. of Canada, 2010; CAMH, 2014.	Gov. of Alberta, 2007; SPARC BC, 2007; Alberta Secretariat, 2008; OMSSA, 2008; Gov. of British Columbia, 2009; ONPHA, 2012.	Hastings County, 2003; HRSDC-Brant/Brantford, 2007; City of Nanaimo, 2008; The Homelessness Community Capacity Committee-Ottawa, 2008; Edmonton Committee, 2009; City of Vancouver, 2011; Greater Victoria Coalition, 2012; City of London, 2013; City of Kingston, 2013; County of Renfrew, 2013; United Way of Saskatoon, 2013.
Category 3. (4 documents)		Gouv. du Québec, 2009; Gouv. du Québec, 2014.	L'agence de la santé et des services sociales- Drummondville, 2011; HRSDC-Metro Vancouver, 2011.

Table 3: Number of documents in each category and jurisdictional level

Jurisdictional Level	No discussion	Minimal discussion	Significant discussion	Total
Federal	28.6% (2)	71.4% (5)	0% (0)	100% (7)
Provincial/territorial	38.5% (5)	53.8% (6)	7.7% (2)	100%(13)
Municipal/regional	40.9 % (9)	50% (11)	9.1% (2)	100% (22)
Total	38.1% (16)	54.8% (22)	7.1% (4)	100% (42)

Minimal discussion of homelessness among older people: Older people as a target group

The 22 documents classified as having a *minimal* discussion of homelessness among older people typically listed older people as one of many at-risk populations (i.e., youth, Aboriginal people and people with disabilities). When reviewed by year of publication, it would seem that there is a growing tendency in recent years to mention older people in some capacity (with some notable exceptions). The Alberta Secretariat for Action on Homelessness’ (2008) framework, titled “A Plan for Alberta: Ending Homelessness in 10 years” and the City of London’s (2013) Homelessness Prevention and Housing Plan are examples of the documents in our second category. The City of London mentioned older people as follows: “Over the past few years, we have developed strategies needed for families with children, youth, abused women, the Aboriginal population, people with disabilities, *seniors* and immigrants” (City of London, 2013, 7-8, emphasis added).

Here the inclusion of older people (i.e., seniors) is an important first step. Promisingly, the City of London’s (2013) plan mentioned the need for a “hospital to home” program. While not specifically targeting older people, this strategy could help reduce homelessness among older people who end up in shelters after having been released from hospital. Yet, where approximately one third (eight) of the strategies in our second category included specific illustrations of the needs of the named target groups (i.e., Aboriginal people, women, and individuals with disabilities) detailed examples with regards to older people were notably

absent.^{ix} Another third (seven) of the documents in our second category did not outline strategies for any target groups.^x The Alberta Secretariat (2008), for example, included older people as a specialized group in need of support. However, the document had no suggested approaches for *any* listed target groups:

Many Albertans facing homelessness are facing other serious challenges as well. Those from specialized groups – such as those with mental illness, those with addictions, victims of violence, *seniors*, those with disabilities, and homeless youth – are dealing with particularly challenging issues, and require special support to help address their unique situations. Targeted responses are required to effectively re-house homeless people from these specialized groups (Alberta Secretariat for Action on Homelessness, 2008, 13, emphasis added).

In summary, the minimal inclusion of older people in 22 of 42 strategies on homelessness, although typically limited to recognizing older people among several target groups, is an important step in raising awareness of homelessness in later life.^{xi} However, strategies in this minimal category would be significantly strengthened if they articulated older people's needs. An effective response to older homelessness will require strategies that extend beyond recognizing older people as a target group. Responses must consider older people's complex needs (e.g., the intersections between older people's needs for housing and care; see Grenier, in development), and develop guidelines and resources for appropriate services.

Significant discussion of homelessness among older people

Only four of the 42 documents contained a significant discussion of older people's needs: the Government of Quebec's Inter-ministerial Action Plan on Homelessness (2009), the City of Drummondville's Community Plan on Homelessness (2011), the HRSDC Homelessness Partnering Strategy Plan for Metro Vancouver (2011), and the Government of Quebec's National Policy on Homelessness (2014). Documents in our third category reached beyond recognizing older people as a target group. Documents in this category outlined challenges, the need for

appropriate housing and supports, accessible services, and the invisibility of older homelessness. Illustrations from each of the plans are provided to summarize the discussions taking place and to give examples of how the needs of older people could be better integrated into strategies and action plans across Canada.

Documents in our third category discussed the risk of homelessness in late life, and distinguished between the needs of older and younger people. The complex needs of older people are made clear in the following quote from Quebec's National Policy on Homelessness (2014):

While many older people who are homeless have experienced episodes of homelessness throughout their lives, or have “aged on the streets,” persons working in housing are reporting a growing number of people who become homeless in later life. Older people who are homeless have extremely poor health (physical, psychological, cognitive); experience premature aging; and have a mortality rate that is three to four times greater than the general population. As such, this group is particularly vulnerable, both financially and socially (victimization, abuse, isolation) [translation by authors] (Government of Quebec, 2014, 14-15).^{xii}

Quebec's strategy also recognized differences among people who have been homeless throughout their lives and people who become homeless for the first time in late life, as well as the social and economic vulnerability of older people who are homeless. The HRSDC-Metro Vancouver plan (2011) also recognized the unique challenges that older people who are homeless experience, most notably that health problems associated with poverty could increase the risk of homelessness in late life. This plan advocates for the development of services that respond to the needs of older people who are at risk or experiencing homelessness. Likewise, The Drummondville plan (2011) recognized the complex physical and mental health needs of older people, and the challenges they face in accessing appropriate care:

Older service users have complex needs and challenges. Older people for example, have important physical health needs that can accompany the more common mental health issues and/or substance use problems. Older people face significant challenges

integrating into programs and services, and are often excluded due to their behavior. These challenges mean that their access to the services they need is limited, with older people either not using services, or only using them reluctantly. The circumstances of older people who are homeless seriously challenge and exceed the limits of community groups that are called upon to provide support (Health and Social Services Agency of Mauricie and Centre-du-Québec, 2011, 19).^{xiii}

The need for housing and support are key considerations in documents with significant discussions of homelessness among older people. Quebec's National Policy on Homelessness (2014) suggested that targeted services are necessary to stably house vulnerable groups and underscored the need for a continuum of housing and support services:

Housing must be offered on a continuum that takes account of the specific needs of particular groups, including women, older people, or persons with mental health issues (Government of Quebec, 2014, 36).^{xiv}

Similarly, HRSDC's Metro Vancouver plan (2011) outlined the complexities of older people's experiences, the need for housing and support, and advocated for the development of appropriate services for older people who are homeless or at risk of becoming homeless in late life:

Seniors on fixed incomes and/or dealing with medical challenges such as the onset of dementia face specific challenges in finding housing. For example, single room occupancy units are not suitable for many seniors. Due to the variety of senior's health concerns and overall declining health, *specialized housing with supports is needed*. Some seniors are reluctant to ask for help and will give up if it is too hard to access services. This means that services must be brought to them where possible. When seniors are forced to move, it can create hardship as they lose important social networks and don't know how to access services (HRSDC, 2011, 29-30, emphasis added).

Echoing this theme, Quebec's Interministerial Action Plan (2009) recognized that older people are particularly vulnerable on the street, and underscored the need for targeted housing and healthcare:

Older people are also particularly vulnerable to situations of victimization (abuse, theft, etc.). It is therefore appropriate to adjust responses to the realities of older people, notably by offering them housing and adequate health care (Government of Quebec, 2009, 19).^{xv}

Finally, the Drummondville plan (2011) focused on the need for accessible services that are amenable to older homeless people, who may be aging with disabilities and/or health issues:

There is a need to more carefully consider and address the needs of older people who are homeless (physical handicaps, etc.), most notably through improved access (e.g., automatic doors; meal services; vehicular adaptation) (Health and Social Services Agency of Mauricie and Centre-du-Québec, 2011, 9).^{xvi}

The four plans in this category also drew attention to the challenges that may exist in moving forward with an agenda to develop appropriate services. Drawing on research on aging and homelessness (Burns et al., 2012), the Government of Quebec (2014) recognized the widespread invisibility and exclusion of older people as a significant barrier:

People aging on the streets elude us: they are invisible because we ignore their reality. Authors have argued for example, that older people experiencing homelessness are victims of institutional exclusion, and that even the plans to address homelessness tend to underestimate or ignore their presence on the streets and their needs (Government of Quebec, 2014, 15).^{xvii}

This discrepancy between the needs of older people and available supports is also noted in HRSDC's Metro Vancouver plan (2011)—a document that emphasized the need to develop appropriate facilities and targeted supports:

. . . just as the needs of homeless youth cannot be met in adult facilities, the needs of people who are aging on the street can no longer be served by the facilities that they have relied on in the past. Accordingly, the community has identified the need for specific facilities and supports to respond to the unique needs of underserved populations in the region, including but not limited to women, youth, seniors, and Aboriginal people, and people with disabilities (HRSDC, 2011, 37).

In sum, the four documents that included a significant discussion of older people establish important foundations from which to address the needs of older people who are homeless. They are forward-thinking in their considerations of the implications of population aging, and could be used as a foundation for a Canadian agenda on homelessness that is inclusive of diverse groups of older people who are homeless, or at risk of becoming so. It is significant

that three of the four documents in this category are from Quebec, the only province to have not fully embraced the housing first strategy being implemented in HPS plans across the country. Given that the effectiveness of housing first for older people has yet to be established, considering Quebec's response alongside the housing first approach that is embraced throughout Canada could provide insight into understanding and addressing older homelessness.

VII. International strategies: Permanent supportive housing for older people

International practices provide useful direction for developing Canadian responses to homelessness among older people. While a comprehensive review of international documents is beyond the scope of this report, we draw attention to specific suggestions that appear in four international documents. We discuss two American documents—*Homeless Older Adults Strategic Plan* (Shelter Partnership, Inc., 2008), and *Ending Homelessness among Older Adults and Elders through Permanent Supportive Housing* (CSH and Hearth, Inc., 2011), one Australian document—*A Better Place: Victorian Homeless 2020 Strategy* (Victorian Government Department of Human Services, 2010), and one UK document—*Coming of Age: Opportunities for Older Homeless People under Supporting People* (Pannell & Palmer, 2004).

International strategies suggest that permanent supportive housing, with links to social services as necessary, could meet the needs of many older people who are homeless. Proponents of this model emphasize that permanent supportive housing has the capacity to respond to many older homeless people's complex, intersecting needs for housing, health care, and social support. In such models, support services tend to be directly linked to housing, and residents have access to support from in-house staff (Culhane, Metraux, & Hadley, 2002; Tabol, Drebing, & Rosenheck, 2010). A particular benefit of permanent supportive housing is that it can ensure consistent, preventative physical and mental health care, rather than health care provided in

response to emergency or crisis situations—as is often experienced by older people who are homeless (CSH and Hearth, Inc., 2011). Such approaches are also considered to be more cost efficient in the long run, when compared to emergency room visits and hospitalization.

International strategies outline key components of permanent supportive housing models. The American document *Ending Homelessness among Older People and Elders through Permanent Supportive Housing* suggests the following objectives of permanent supportive housing for older people: (1) targeting affordable housing to older people; (2) developing comprehensive, coordinated, and accessible services (physical and mental health care, transportation, substance use treatment, social activities, etc.); (3) understanding older people's specific needs; (4) providing assistance in navigating government and benefit systems; (5) creating safe, accessible housing where residents can 'age in place'; and (6) planning for medical and cognitive decline (CSH and Hearth, Inc., 2011, 8-10). Drawing on consultations with services providers and older people who have experienced homelessness, a homeless organization in Los Angeles County named "Shelter Partnership" further underlines that permanent supportive housing for older people must have on-site services, accessible building design, and must balance tenant independence with community support (Shelter Partnership, Inc., 2008).

In the UK document, Pannell & Palmer (2004) also underscore the importance of flexibility in supported (or supportive) housing. For example, some housing services for older homeless people in the UK follow a harm reduction model to ensure housing and support for older people who are unable or unwilling to stop drinking. In addition to supported housing, Pannell & Palmer (2004) discuss the importance of resettlement services, which are often attached to shelters and day centres, for helping older homeless people transition to and remain

in permanent housing—including those with mental health and/or substance use problems. Finally, Pannell & Palmer (2004) explain that loneliness can be challenging for older homeless people and call for services such as “befriending schemes and engagement in structured activities” to counter social isolation among supported housing residents (27).

While the American and UK documents focus exclusively on homelessness among older people, an Australian document—*A Better Place: Victorian Homeless 2020 Strategy* (Victorian Government Department of Human Services, 2010)—discusses older people within a broader framework on homelessness. It takes a life stage approach, recognizing that reasons for and circumstances surrounding homelessness vary at different points of the life course. In this strategy a targeted response is considered to be necessary for older people (over 55). This Australian strategy identifies social housing, similar to permanent supportive housing, as especially important for older people who are homeless. To ensure stable housing and improved health, social housing programs connect residents with health, community, and welfare services (Victorian Government Department of Human Services, 2010).

Similar to the Government of Quebec’s (2014) National Policy on Homelessness, the Australian strategy notes that responses need to account for the different circumstances of those who have been homeless throughout their lives, and those who become homeless for the first time in later life. The former may need more intensive health care as well as support to access and maintaining housing. The latter, by contrast, may be well served by community-based support programs related to housing and income (Victorian Government Department of Human Services, 2010). The Australian strategy also outlines a four-year flagship project on homelessness among older people, which aims to integrate housing and home support, mental

and physical health care, and social and recreational programs to more comprehensively meet the needs of older people who are homeless.

Despite representing significant advances in the response to end homelessness among older people, the international documents also identify barriers and challenges to establishing permanent supportive housing for older homeless people. These are associated with a lack of funding to design housing for such a specific population; the fact that research and project design rarely distinguish older people from the broader homeless population, leading to a lack of knowledge and challenges in implementing targeted support; reluctance on the part of developers or service providers to implement specific services (Shelter Partnership, Inc., 2008, 7); and lack of intergovernmental capacity (e.g., among human services, health, and aging departments) (Pannell & Palmer, 2004; Shelter Partnership, Inc., 2008; Victorian Government Department of Human Services, 2010). For example, there is a disjuncture between policies on aging and on homelessness, with a lack of attention to housing within aging frameworks (the latter focus predominantly on healthcare), and with the invisibility of age in homelessness policies (Pannell & Palmer, 2004; also see Grenier in development). This makes it difficult to implement responses to older homelessness and to develop long-term housing options with continuous support (Pannell & Palmer, 2004).

In addition to this, specific housing and support services may be necessary for subgroups of the older homeless population, including women and ethnic minorities (Pannell & Palmer, 2004). Challenges with implementing permanent supportive housing for older people have also been reported in Canada; related to different standards, understandings, and applications of this housing model across provinces and the inappropriateness of permanent supportive housing for some older people, such as those with severe dementia or other chronic illnesses (Social Data

Research Ltd./Pollara, 2005). The main challenge in developing supportive housing for seniors is that of permanency, especially in cases where the older person has a low income and cannot work, whether this be by means of access to the workforce or impairment(s) in later life.

VIII. Discussion

Our policy review reveals that the needs of older people are primarily absent from the discussions, strategies, and plans to end homelessness across Canada. That is, the needs of older homeless people have not been identified within the majority of strategies identified through this review (n=42), the 61 community action plans that were developed under the HPS funding model,^{xviii} or within the findings and reports on the *At Home/Chez Soi* program (ESDC, personal communication, Feb. 12, 2015). While our review found that some strategies have begun to identify older people as a target group—with those written in more recent years being more likely to mention older people in some capacity—the majority of responses were limited because they did not articulate specific needs and directions for change. It is even more striking that when strategies did mention older people within a list of target populations, they were given the least consideration relative to other groups such as Aboriginal people, women, and youth. If recognition in policy does indeed play a role in establishing priorities and meeting the needs of particular populations, this oversight will become increasingly problematic as Canada's population ages.

Although our methods do not allow us to discern the reasons for these oversights, the failure to articulate the needs of older people in strategies and community action plans sustains the widespread invisibility of older people who are homeless, and thus the paucity of programs designed to meet their needs. There may be a number of reasons for these absences, including: a failure to consult or 'count' older people who have been homeless (or meet with groups that

work with marginalized seniors); the relative invisibility of age as a social location; political considerations about aligning homelessness and aging (i.e., a reluctance for homelessness to become an ‘older persons issue’); an assumption that existing programs and services for seniors will meet older people’s needs; and gaps in knowledge concerning the needs of older people.

Addressing homelessness in Canada not only requires that older people be included as a target group, but that the intersections among target groups be more carefully considered. Strategies must account for heterogeneity among older homeless people with regards to geographic location, pathways through homelessness, gender, ‘race’/ethnicity, immigration, and health status. Complex, intersecting dimensions shape later life experiences. These are both structured by ‘age’ (mainly in terms of eligibility for policies and programs), and cumulative effects of life course experiences of advantage and disadvantage. Considering the accumulation of disadvantage across the lifecourse is therefore necessary to address the needs of diverse groups of older people who are homeless (see McDaniels & Bernard, 2011).

The sub-populations of older people that are identified in extant research—those who are currently on the streets/in the shelter system, and those at risk of homelessness in late life—face particular challenges and risks with regards to housing, income, and care. Meeting the complex needs of older people who are homeless will therefore require initiatives that cut across the traditional boundaries between social services, health care, income support, and housing. At present, there are at least six different departments responsible for seniors’ programming at the federal level (Wister & McPherson, 2014) and these may or may not align with provincial and municipal agencies and with homeless services. The barriers to developing appropriate services for older people who are homeless may in part be a result of institutional structures related to

programs, eligibility, and budget allocation. Yet, inaction is highly problematic because older people are especially vulnerable on the streets and in shelters.

Seniors' ministries in the federal and provincial governments are intended to act as a safeguard for older people to ensure that their needs are met, even when these needs cut across various departments and ministries. It is essential that provincial and federal ministers responsible for seniors add homelessness to their agenda, and be at the table to represent older people when homeless strategies are drafted. Importantly, the Federal Minister of State for Seniors, Alice Wong, recently announced plans to work closely with community groups to ensure that vulnerable older people, including those who are homeless, receive the full Canada Pension Plan and Old Age Security benefits for which they qualify (ESDC, 2015b). Continued action is necessary to address the needs of older people who are at risk of homelessness in late life and/or who have made limited contributions to their pensions (e.g., people with unstable employment due to mental illness, women, and immigrants who moved to Canada in mid- to late life). In addition to income security through pensions, it is also necessary to ensure access to safe, affordable housing for all older people.

IX. Conclusion

Canadian and international frameworks on aging demonstrate widespread concern with population aging—and with issues such as the specific health and housing needs of older people. Yet, Canadian strategies on homelessness fall short where the needs of older people are concerned. Our review underscores the need to recognize and integrate the unique and complex needs of older people in the strategies and plans to end homelessness in Canada. This would involve: targeted efforts to include older people in prevalence counts; ensuring that older people's needs are represented in HPS community plans, consultations, and initiatives;

determining how housing first can be adapted for older people; and developing targeted services that are appropriate for older people. A broad-based initiative, such as a national strategy on homelessness among older people, could call attention to this population. The national strategy advocated by Gaetz et al. (2014), for example, mentions older people in relation to challenges associated with the decline in affordable housing, but not as a target group. Given the multitude of strategies that exist across jurisdictional levels, however, it would likely be most effective to incorporate the needs of older people into the strategies that are already in development. In doing so however, strategies must account for diversity in the experiences of older homeless people in relation to context and social location. For example, strategies must consider and respond to the different needs of older people who are homeless in rural and urban communities, and among subsets of older people such as women, Aboriginal people, and immigrants.

To develop responses that addresses homelessness among older people, Canada could look to the exemplary strategies produced by the province of Quebec (Government of Quebec, 2009, 2014) and the city of Vancouver (HRSDC, 2011), as well as promising international practices that address older homelessness (CSH and Hearth, Inc., 2011; Pannell & Palmer, 2004; Shelter Partnership, Inc., 2008; Victorian Government Department of Human Services, 2010). These international initiatives address homelessness among older people through the development of permanent supportive housing, with integrated health and social services. International evidence suggests that these models hold promise for meeting older homeless people's complex, intersecting needs for housing as well as health and social care.

Despite the potential for developing more appropriate responses, international initiatives also give insight to some of the challenges other countries have faced in developing permanent supportive housing for older homeless people. For example, while permanent supportive housing

could meet the needs of many older people experiencing homelessness, some will have needs for care that exceed what may be offered through such programs. In particular, some older homeless people with complex mental and physical health problems may require appropriate long-term care (Sussman & Dupuis, 2014). Creating a plan that includes both a general approach, as well as specialized services for complex situations, would represent a major step forward in addressing the needs of older people who are homeless, or who are at risk of becoming homeless for the first time in late life. Given the variability in permanent supportive housing models across Canada (Social Data Research Ltd./Pollara, 2005), we suggest that a Canadian initiative could begin with targeted research and funding on homelessness among older people to develop a solid knowledge base, and cooperation among housing, health, and social care sectors. This will establish a strong foundation from which to develop effective permanent supportive housing, and reduce and ultimately eliminate homelessness among older people.

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ⁱ These UN frameworks have emerged in conjunction with the World Health Organization’s (WHO) document *Active Ageing: A Policy Framework* (WHO, 2002), and have led to global initiatives such as the Age-Friendly Cities movement, which is articulated in *Global Age Friendly Cities: A Guide* (WHO, 2007).

ⁱⁱ The aging in place philosophy is further implemented through *age-friendly cities* initiatives. The WHO (2007) outlines that age-friendly cities must consider older people’s needs in the eight following areas: (1) outdoor spaces and buildings, (2) transportation, (3) housing, (4) social participation, (5) respect and social inclusion, (6) civic participation and employment, (7) communication and information, and (8) community support and health systems. To ensure appropriate housing for all older people, the WHO (2007) outlines the following priorities: affordability, access to essential services, accessibility, good quality housing design, the capacity to modify and maintain one’s home as necessary, positive community and family surroundings, and finally, having options with regards to one’s living environment.

ⁱⁱⁱ For a detailed discussion of the challenges with methods used to count the number of homeless people in Canada, see Grenier, Barken, Sussman, Rothwell, Lavoie, Rothwell & Bourgeois-Guérin, in press.

^{iv} The lower number is a conservative estimate government sources give, and the higher number, proposed by advocates and non-governmental sources, accounts for the rapid growth in municipal homeless counts and people who may not use homeless services (Laird, 2007).

^v Between 2007 and 2014, over \$750 million in funding were approved to support homelessness reduction and prevention strategies. There are reportedly fewer people on the streets and shelter use has remained stable since 2007 (ESDC, 2014). The federal government has also committed \$600 million to the HPS between 2014 and 2019 (ESDC, 2014).

^{vi} Organizations may also apply for HPS funding for projects that target homelessness in rural and remote areas that are *not* designated communities, as well as for projects that address homelessness among Aboriginal people living off reserve (ESDC, 2015a).

^{vii} Quebec’s decision to discontinue *At Home/Chez Soi* in Montreal has been associated with political conflicts over federal involvement in housing, which is traditionally a provincial jurisdiction (Fidelman, 2014).

^{viii} see <https://www.google.com/cse/home?cx=007843865286850066037%3A3ajwn2jlweq>

^{ix} Hastings County Social Services, 2003; HRSDC-Brantford, 2007; SPARC BC, 2007; The Homelessness Community Capacity Building Steering Committee, 2008; Edmonton Committee

to End Homelessness, 2009; Greater Victoria Coalition to End Homelessness, 2012; City of London, 2013; CAMH, 2014.

^x Government of Alberta, 2007; Alberta Secretariat for Action on Homelessness, 2008; City of Nanaimo, 2008; OMSSA, 2008; City of Vancouver, 2011; ONPHA, 2012; United Way of Saskatoon and Surrounding Area, 2013.

^{xi} Among the documents classified as having a minimal discussion of homeless among older people, the final third (n=7) strategies included discussions of older people, but in relation to housing more broadly rather than homelessness specifically (FCM, 2008; Subcommittee on Cities of the Standing Senate Committee on Social Affairs, Science, and Technology, 2008; Government of British Columbia, 2009; Standing Senate Committee on Social Affairs, Science and Technology, 2009; Government of Canada, 2010; City of Kingston and County of Frontenac, 2013; County of Renfrew, 2013). These strategies do not address the circumstances of older people who are actually experiencing homelessness. While recognizing older people's housing needs is an important step, considering the circumstances and needs of older people who are homeless, and developing strategies that respond to these needs, is necessary to reduce and ultimately eliminate homelessness among older people.

^{xii} Les personnes âgées en situation d'itinérance ont souvent connu des épisodes d'itinérance ou ont vieilli dans la rue mais, selon les responsables de ressources d'hébergement, un nombre grandissant y arrive tardivement. Ils sont massivement en mauvaise santé (physique, psychologique, cognitive); ils vieillissent prématurément et présentent un taux de mortalité de trois à quatre fois plus important que l'ensemble de la population . . . Il s'agit d'un groupe particulièrement vulnérable financièrement et socialement (victimisation, maltraitance, isolement) (Gouvernement du Québec, 2014, 14-15).

^{xiii} On constate un accroissement du nombre de personnes présentant des problématiques multiples chez la clientèle plus âgée, comme chez les plus jeunes. Ces personnes éprouvent des difficultés importantes à intégrer des groupes de soutien ou d'entraide, ou s'en trouvent exclues en raison de leurs comportements. Les difficultés liées à l'encadrement de ces personnes ont pour effet immédiat de limiter leur accès à la plupart des services dont elles peuvent avoir besoin. Services qu'elles n'utilisent pas, ou seulement avec énormément de réticences. À la combinaison courante de troubles mentaux et de problèmes de toxicomanie s'ajoute, dans la population itinérante vieillissante, l'émergence de problèmes de santé physique importants réclamant des soins. La situation de cette population représente des défis d'intervention qui dépassent souvent les limites des groupes communautaires appelés à les soutenir (L'Agence de la santé et des services sociaux de la Mauricie et du Centre-du-Québec, 2011, 19).

^{xiv} S'assurer d'un continuum dans l'offre de logement qui tienne compte des besoins spécifiques de certaines personnes, notamment les femmes, les personnes âgées ou celles présentant un trouble mental (Gouvernement du Québec, 2014, 36).

^{xv} Les personnes âgées seraient aussi particulièrement vulnérables aux situations de victimisation (mauvais traitement, vols, etc.). Il y a donc lieu d'ajuster les interventions à la réalité des personnes âgées en leur offrant notamment des logements et des soins de santé adaptés (Gouvernement du Québec, 2009, 19).

^{xvi} Une plus grande capacité de prendre en considération la situation des personnes itinérantes vieillissantes (handicaps physiques, etc.), notamment par l'amélioration de certaines immobilisations (ouverture automatique de portes, aide au transport des plateaux, véhicule

adapté (L'Agence de la santé et des services sociaux de la Mauricie et du Centre-du-Québec, 2011, 9).

^{xvii} Les personnes âgées de la rue nous échappent: elles sont invisibles du fait de notre méconnaissance de leur réalité. Certains auteurs affirment même que les personnes âgées en situation d'itinérance sont victimes d'une exclusion institutionnelle et que les programmes ou les plans d'action en matière d'itinérance ont tendance à sous-estimer à la fois leur présence dans la rue et leurs besoins, ou à les ignorer (Gouvernement du Québec, 2014,15).

^{xviii} Note that the community plans are in the process of being developed. The number reported here reflects plans available as of January 2015.