



Causes and Complexities of Homelessness Among Older Adults: System Issues and Nursing Implications

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Abstract

Background: Homeless adults are an emerging sub-population among the older adult population in Canada. These older adults may have been chronically homeless since their twenties and aged on the streets or became homeless for the first time in their 50s.

Purpose: Within this article, we discuss routes to homelessness among older adults, who fits within this sub-population, and the complexities of homelessness for these individuals (e.g., may be too young to access government pensions).

Implications: We address system issues that contribute to homelessness in aging adults and the role of nurses in providing care for this sub-population.

Conclusion: In light of the challenges faced by this sub-population, we argue for changes that may help some aging adults avoid or exit homelessness.

Keywords: older adults, homelessness

Background

Broadly speaking, older adults in Canada are considered 65 years and older and comprise 17% of our nation's population (Statistics Canada, 2020). However, a sub-population of homeless older adults, those 50 years of age and older, are emerging (Lane & Reed, 2019). This is because older homeless adults tend to experience age-related impairments when they are approximately ten to twenty years younger than the general population (Canham et al., 2020; Grenier et al., 2016a). This younger aged population experiences unique challenges compared to their counterparts who fit within the traditional definition of old age.

Furthermore, older homeless adults are not a homogeneous group; some individuals grow old on the streets, while others fall into homelessness for the first time later in life (Burns & Sussman, 2019; Canham et al., 2020; Grenier et al., 2016a). System changes need to occur to prevent homelessness for aging adults who become homeless in their 50s, as well modifications need to be made to assist aging adults who are homeless to leave the streets.

Within this paper, we first describe this sub-population and then offer a brief literature review on homelessness in older adults, highlighting common themes and gaps found in current research. Next, we address issues and challenges this sub-population faces concerning their environment, health care, housing, resources, and supports. We then consider system issues that contribute to homelessness among aging adults, as well as nurses' roles in working with the aging homeless sector. Finally, we argue that system changes need to be made to assist aging homeless adults.

Homeless Older Adults – Who Are They?

Homelessness is the situation where an individual or family is without stable, permanent, appropriate housing, or without the immediate prospect, means, and ability to acquire it (Grenier et al., 2016b). While older adults in the general population are considered to be 65 years of age or older, within the homeless population, the marker for older age is considered to be 50 years of age and older. As noted previously, they are considered older adults as they exhibit symptoms of mental and physical health characteristics of non-homeless people ten or more years older than they are (Canham et al., 2020; Grenier et al., 2016b).

There are a couple of routes to homelessness for older adults. First, some individuals become homeless at younger ages, such as in their teens or twenties, and age on the streets. Risk factors of homelessness in the teens or twenties includes previous incarceration, lower level of education, victimization, and childhood trauma (Brown et al., 2015). There is also an over-representation of Indigenous and LGBTQ people in the homeless population (Grenier et al., 2016b; Milaney et al., 2010; Woolrych et al., 2015). Others become homeless at older ages due to eviction and being unable to afford other housing (Canham et al., 2020; Petersen & Parsell, 2015) or experience illness, the death of a spouse or divorce (Grenier et al., 2016c; Burns et al., 2018). A subset of those who become homeless at an older age are those who become homeless gradually (living for years in precarious housing), and those who become homeless rapidly (Burns & Sussman, 2019). Insight into the circumstances of how an aging individual becomes homeless is fundamental to understanding how to best support that individual.

Literature Review

A prevalent theme throughout the literature on homeless older adults is the lack of current and accurate data on this sub-population (Murphy & Eghaneyan, 2018; Ruiz & Contreras, 2020). Grenier et al. (2016b) discussed how Statistics Canada based the number of homeless older adults on the number of people living in shelters. This failed to incorporate the number of people unsheltered, provisionally sheltered, and “couch surfing” (Grenier et al., 2016b). Furthermore, several cities in Canada only conduct a “point-in-time-count” of homelessness, which is a one-day snapshot of the demographic of the homeless population that are accessing programs such as shelters and short-term housing programs (Milaney et al., 2020). This fails to incorporate those that are seasonally homeless, or not accessing shelter or housing programs and therefore offers inaccurate results that underestimate the actual homeless population. Another limitation of current homeless literature is the lack of consensus around the definition of older adults (Milaney et al., 2020; Murphy & Eghaneyan, 2018). Some researchers label older adults as over 65 years of age while others use a more generous approach and account for the health and mortality disparities between homeless adults and the general population (Murphy & Eghaneyan, 2018). This variability of defined age of the older homeless adults makes data and statistics highly variable (Milaney et al., 2020).

The vulnerability of this sub-population was highlighted in almost all literature reviewed. Researchers have shown that homeless individuals over the age of 50 are reported to have serious mental health concerns, and more frequent hospital admissions than their younger counterparts (Grenier et al., 2016c; Milaney et al., 2020). This group also faces additional unique health issues including high rates of physical disability, and mobility and sensory limitations (Milaney et al., 2020). Vulnerability also encompasses significant concerns regarding safety (Grenier et al., 2016b). Homeless older adults are often victimized as they become easy prey for criminals due to their health and mobility limitations (Brown et al., 2015; Grenier et al., 2016b; Pope et al., 2020). While all older homeless adults face increased risk as compared to younger homeless individuals, women are at particular risk (Grenier et al., 2016b).

Further discovered in the literature on homelessness in older adults was the lack of policies and recognition of this diverse sub-group (Grenier et al., 2016a; Reynolds et al., 2016). As Reynolds et al. (2016, p.2) note,

This rise in older adult homelessness in Canada and the United States has not lead to corresponding attention in the academic literature and in public policy statements, and there remains a knowledge gap in exploring the unique experiences and difficulties facing Canada’s population of homeless older adults.

Without appropriate research, discussions, and strategies to end homelessness in this population, the issue of older homeless adults will become increasingly problematic as Canada's population ages (Grenier et al., 2016a). Increased attention is needed by researchers and policymakers on the phenomenon of this growing number of homeless older adults (Murphy & Eghaneyan, 2018). Some researchers have suggested that because of the complex nature of homelessness among older adults, more intensive, specialized, and person-centered supports are needed to reduce barriers and improve health and well-being (Milaney et al., 2020). Research suggests that men outnumber women four to one in the homeless population, but the gender gap is thought to be narrower among older people (Grenier et al., 2016b). Where men are more likely to experience homelessness due to loss of employment, mental health problems, or addiction, older women are more often homeless as a result of family poverty, the structure of the pension system, or family breakdown (Grenier et al., 2016b). Furthermore, homeless older adult males report longer periods of homelessness when compared to older women (Reynolds et al., 2016). As noted previously, however, women are at greater risk of violence than men when they are homeless (Grenier et al., 2016b).

Older adults face several unique challenges and issues compared to their younger counterparts in being homeless. For instance, the physical environment of living on the street or in a shelter eliminates the ability to adapt one's environment to support geriatric impairments (Bazari et al., 2018; Brown et al., 2015). Without the ability to modify their environments to their current condition, homeless older adults have limited ability to maximize and maintain their independence (Brown et al., 2015). Furthermore, adaptive equipment used to cope with impairments such as glasses, hearing aids, walkers, and wheelchairs may be lost, stolen, broken, or ill-fitting (Brown et al., 2015). Sleeping on a cement floor within a shelter can exacerbate bodily pain, such as hip or back pain (Bazari et al., 2018). Significantly, staff in some shelters do not provide personal or medical care, such as giving medications (Canham et al., 2020). This does not help older adults who have been prescribed multiple medications. This mismatch between a homeless older adult's environment and their ability to function independently may lead to premature hospitalization and long-term care (Brown et al., 2015).

Homelessness in older adults is often associated with a host of physical and mental health challenges (Kimbler et al., 2017; Reynolds et al., 2016). Frequently cited physical problems include dental problems, fatigue, pain, arthritis, hypertension, circulatory problems, respiratory illnesses, gastrointestinal conditions, glaucoma, asthma, anemia, diabetes, and sensory impairment and cognitive impairment (Davies & Wood, 2018; Padgett et al., 2020; Patanwala et al., 2018; Reynolds et al., 2016; van Dongen et al., 2019). Mental health challenges experienced by homeless older adults most often include depression, anxiety, post-traumatic stress disorder, and cognitive impairment (Reynolds et al., 2016). Some older homeless adults recognize the relatedness of physical and psychological/existential symptoms; for example, fear about whether

they will be able to leave homelessness results in pain and nausea (Bazari et al., 2018). Also, older homeless adults have higher rates of alcohol and substance abuse than their housed counterparts (Spinelli et al., 2017), although lower rates of substance abuse than younger homeless individuals (Gordon et al., 2012; van Dongen et al., 2019). Interestingly, some older adults described the role of alcohol not just to self-medicate when feeling mental distress, but also to treat physical pain (Bazaro et al., 2018).

Accessing obtainable housing is a significant barrier for older adults exiting the streets (Brown et al., 2015; Murphy & Eghaneyan, 2018; Woolrych et al., 2015). This can be due to the time-consuming tasks of adhering to rules in shelters such as standing in long line-ups for food or beds (Grenier et al., 2016c; Pope et al., 2020; Reynolds et al., 2016), or having to be away from the shelter in daytime and thus not being able to rest for their health (Grenier et al., 2016) or access shelter staff that may be able to assist with housing referrals. Age and chronic health conditions or potential lack of qualifications may make it difficult to obtain housing (Grenier et al., 2016c). Also, older homeless adults may not know how to access housing, particularly when they do not have first and last months' rent.

Older homeless adults experience challenges accessing resources. Barriers to accessing appropriate services and resources can be attributed to mental and physical health conditions which make it challenging for homeless older adults to remember appointments or gain transportation to necessary meetings (Grenier et al., 2016b). Despite prevalent physical and mental health problems (Hategan et al., 2016), older adults are less likely to utilize services for the homeless, including programs, shelters, and soup kitchens (Reynolds et al., 2016). Barriers to accessing services can also be related to a lack of services; for instance, there are less shelter beds available for women than men (Murphy & Eghaneyan, 2018).

Additionally, homeless people experience deep embarrassment and shame in being homeless in the advancing ages (Bazari et al., 2018; Reynolds et al., 2016). Shame is related to family members not understanding how they could be homeless or related to loss of proficiency in self-care and job skills (Reynolds et al., 2016). They also report discriminatory treatment and stigmatization in human and health care settings, further inhibiting them obtaining necessary help or treatment (Grenier et al., 2016b; Grenier et al., 2016c; Omerov et al., 2020; Paradis-Gagne et al., 2020; Pope et al., 2020).

Policies stipulating when individuals can access government pensions do not facilitate remaining housed or getting housed for homeless older adults. For instance, Canadians who are in their 40s or 50s cannot access government pensions, despite being much older health wise than their chronological age (Woolrych et al., 2015). Further, difficulties navigating government services can also be a barrier to accessing supports and services (Grenier et al., 2016b). Many

older homeless people do not receive the full amount of government assistance they qualify for due to language barriers or not understanding the system (Grenier et al., 2016b).

Systemic Issues and the Homeless Older Adult

Understanding systemic issues for older homeless adults is complex. Due to the differences in routes to homeless (those who became homeless decades previously, and those who became homeless for the first time in their 40s and 50s), needs for services and housing may differ (Grenier et al., 2016a). It is important to consider that homelessness among older adults is not just a housing problem, but is multidimensional, touching upon several issues, including mental health (Woolrych et al., 2015). Approaches to addressing homelessness may need to be tailored (Canham et al., 2020). Systemic issues discussed in this section include employment issues and housing, although we recognize that homelessness in older age is very complex and involves more than just housing and employment issues.

Lack of employment opportunities

Losing one's employment can lead to financial difficulties, which can then lead to homelessness in older age (Murphy & Eghaneyan, 2018). A loss of employment may occur because of health problems which prohibit someone from working in their chosen field (Reynolds et al., 2016), or ironically, due to injuries sustained over the years related to the work (e.g., manual labour) (Bazari et al., 2018). Further, not having a home address can preclude potential employers from hiring those who are currently residing in shelters (Murphy & Eghaneyan, 2018). Also, older homeless adults may not be hired because of age discrimination (Murphy & Eghaneyan, 2018).

Housing

A lack of low-cost housing for aging individuals contributes to the problems of homeless older adults, particularly those who become homeless in their 40s and 50s (Reynolds et al., 2016; Woolrych et al., 2015). Becoming homeless and then trying to get out of homelessness is difficult, due to the challenges in finding work in one's 50s, or when having significant health problems (Reynolds et al., 2016).

Shelters to temporarily house homeless individuals are not ideal for older adults, due to their health conditions, contagion from others, and safety. As an example, for those who have chronic issues such as lung diseases, being exposed to many others within tight spaces may result

in infections such as pneumonia (Murphy & Eghaneyan, 2018). Older adults may also fear that they will be victimized by younger, homeless adults when staying in a shelter (Pope et al., 2020).

The environment, as well as shelter practices and policies, may preclude some aging homeless individuals from staying in shelters (Pope et al., 2020). As described previously, for those with mobility issues, finding shelters that are wheelchair accessible may be difficult. Further, practice limitations including staff not helping individuals transfer from a wheelchair to a chair or bed disqualify some aging adults from using these shelters (Canham et al., 2020). Common regulations include leaving the shelter all day and returning in the evening which does not work for some older adults, particularly if they have significant health issues or mobility issues. Other regulations such as needing to line up outside a shelter to receive a bed can be challenging as they may not be able to stand for a long time. Further, those who have drug/alcohol addictions may be prohibited from staying in some shelters (Canham et al., 2020).

There needs to be more options for homeless aging adults using the Housing First approach. This model is a recovery-oriented and supportive approach that provides housing to older adults with mental illness, whether they agree to take their medications or be sober or not (Chung et al., 2018). This approach has been found to be very effective in promoting housing stability among older adults with mental illness (Chung et al., 2018). Another important option for homeless older adults is the congregate housing option. Within this model, each individual has their own living space, but also shares common spaces, such as a dining room, recreational area, as well as other amenities. This kind of arrangement promotes socialization among older adults (Encyclopedia.com, 2019).

Role of Nurses

When nurses encounter older homeless adults in acute care settings, such as the emergency room (ER) and on medical/surgical units, their work may be largely focussed upon the physical needs. Nurses in acute care may also, in collaboration with other health care professionals, offer education (Weber, 2019). Unfortunately, continuity of care after leaving hospital is often problematic (Lamanna et al., 2018), with homeless adults not able to navigate the health care system effectively. As such, nursing interventions should include diligent discharge planning, whether in the ER or on medical/surgical units. This includes coordinating healthcare services and making appropriate referrals to support the client. Open communication between hospital-based and community-based providers is required to facilitate a smooth transition of care when homeless people are discharged (Davies & Wood, 2018).

Some nurses work on community mental health teams that provide mental health assessments for homeless adults, including those who are older. These teams may be

interdisciplinary and offer assessments and interventions to the homeless (Lamanna et al., 2018), including connecting them to outreach teams (Paradis-Gagne et al., 2020).

Irrespective of the health care setting, nurses have the opportunity and the responsibility to provide thorough assessments, interventions, and treatment for all patients regardless of whether they have a fixed address (Parker-Radford, 2015). Within all health care environments, nurses can assess the safety of older homeless adults. Besides safety from external harms, nurses should assess for suicide risk where applicable (Burns et al., 2018). Nurses also need to assess how long older adults have been homeless; understanding the differences between those who have been homeless for many years, and those who are recently homeless will help nurses understand what may be most significant to their clients. For instance, research reveals that first time homeless older adults feel devastated by, and experience significant shame about, their homeless state (Grenier et al., 2016c).

With respect to interventions, older adults should be offered information and education in a clear fashion and with visual aids, and information may need to be repeated for those with cognitive impairment (Davies & Wood, 2018). Older homeless adults may need more emotional support than their younger counterparts (Grenier et al., 2016c). This includes being non-judgemental and empathetic, focussing on the strengths of these older adults and allowing them some autonomy (Paradis-Gagne et al., 2020). It also entails listening and supporting clients who need to express their grief (Burns et al., 2018). Older homeless adults, particularly those who are homeless for the first time, may also have a stronger desire for a home that is safe and affordable than homeless individuals who are younger (Bazari et al., 2018; Grenier et al., 2016c). Additionally, these first time homeless older adults express the desire to set goals and work towards them (Paradis-Gagne et al., 2020). Nurses should actively work with individuals regarding their goals and help them strategize about steps to move towards attainment of these aspirations (Parker-Radford, 2015).

Weber (2019) outlined a number of ways nurses can impact homeless individuals. These include creating and providing nurse-led educational sessions on decreasing risky behaviours, such as drug and alcohol abuse, improving medication adherence, and assisting in smoking cessation. Nurses should also be involved in promoting homeless individuals' participation in preventive care programs, such as vaccinations. Finally, Weber suggested that nurses should be active in nurse-managed clinics to increase care for homeless individuals, as well as decrease healthcare costs and improve client satisfaction of clients.

Discussion and implications

There are a number of implications for consideration in relation to older adults experiencing homelessness. We argue that these changes, in how we think about this

sub-population, as well as interventions to assist these individuals, are necessary to begin to address older age homelessness.

There needs to be an understanding that when considering homelessness, one solution does not work for all. This means that older adults who entered homelessness at a young age and have grown old on the streets, have different needs than those who entered homelessness in older age, but both share needs for housing and health care support. For example, older adults who are homeless for the first time potentially have greater needs for psychosocial/mental health care, related to deep shame and grief related to homelessness. They may desire goal setting and immediate need for a home, not only for safety, and to manage chronic health conditions (Grenier et al., 2016c), but also for comfort, privacy, and community (Bazari et al., 2018).

Services need to be varied and targeted to various sub-populations of older homeless adults, such as those who have been homeless for decades, as opposed to those who are homeless for the first time in their lives. As well, there should be shelters for women only (Burns et al., 2018). Furthermore, services need to be geared to older adults who are homeless rather than all homeless individuals (including younger individuals). For instance, there is a need for combined substance abuse/mental health programs specifically geared to older adults (Spinelli et al., 2017). Substance abuse programs that are largely designed for younger adults may not be appropriate, due to the multiple chronic illnesses and functional deficits experienced by aging adults (Spinelli et al., 2017). There also should be services and unique community supports post-hospitalization (e.g., someone who can visit the older adult and assist with ADLs etc.; and medical supports such as vision, dental), counselling (Milaney et al., 2020), and mobility supports (e.g., transportation) (Canham et al., 2020). A navigator position, whether a nurse or a support worker, who can advocate for, and accompany older adults to health-related services (Canham et al., 2020), would increase continuity of care.

There is a significant need for a range of shelters that can accommodate the unique needs of older homeless individuals, irrespective of their paths into homelessness. As mentioned within this paper, shelters should be adapted to the needs of older adults. In general, there should be wheelchair accessibility, assistance for medications and help with transferring. Also, shelters that can specifically address the post-hospitalization needs of aging adults will ensure that discharge recommendations can be followed (Canham et al., 2020). This would mean that this type of shelter would require several nurses. If homeless shelters are created for those who are homeless in older age for the first time, they need to be created with more home-like environments due to the strong need that older adults express for a homey home (Burns et al., 2018).

Addressing issues of housing in the aging homeless population is complex. One model of housing is not sufficient to tackle the varied needs to this sub-population (Burns & Sussman, 2019).

First, there needs to be more affordable subsidized housing for aging individuals in order to avoid homelessness (e.g., for those who have not been previously homeless) (Burns et al., 2018; Murphy & Eghaneyan, 2018). This would reduce waitlist times and perhaps prevent homelessness in some older adults who have had precarious housing for years (Murphy & Eghaneyan, 2018). According to one study, however, independent living apartments scattered throughout a locale may not be effective for some older adults who struggle socially, as this may exacerbate loneliness (Burns & Sussman, 2019).

Multiple housing options for homeless older adults should be available. There should be permanent housing, including the Housing First model (Canham et al., 2020; Milaney et al., 2020). However, the Housing First model needs to expand its eligibility criteria as the amount of time required to be homeless does not fit for some first time older homeless adults. Expanding the criteria to fit for this sub-population would address the needs of older homeless adults (Burns & Sussman, 2019). There also needs to be other options for permanent housing, however, such as the congregate housing model (Burns & Sussman, 2019; Canham et al., 2020).

National policies require changes. There should be a move towards pension plans becoming more flexible so that homeless older adults in Canada could receive pensions sooner than the current stipulated ages, as these preclude those who are in the 50s from receiving help. Further, current income support programs should increase their monies to older adults to be commensurate to cost of living (Burns et al., 2018). Finally, more research is needed to examine what older homeless adults want in relation to housing. Research on what services most effectively meet the needs of this sub-population and what services are most cost-effective (Grenier et al., 2016b) should be conducted.

Limitations

This paper was written as part of the requirements for an undergraduate course about older adults. Hence, the literature review was not structured as a scoping review or systematic review, as might be required in a graduate program. For readers who wish to find such extensive reviews, most can be located using a search phrase titled *aging and homelessness in Canada*.

Conclusion

Homelessness in older age is complex owing to the intersection of personal, societal, structural (e.g., housing) and political factors. Understanding the many causes and contributors to homelessness in older age, including the differences of needs between those who have aged on the streets and those who are homeless for the first time in older age is crucial to help this emerging sub-population most effectively.

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