Navigating the System:
Older Adult Perceptions on Emergency Shelter and Long-Term Care
in London, Ontario

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Abstract

Canada's aging population has highlighted gaps in service provision, particularly to those experiencing homelessness. There is little to no documentation or research that has been conducted on older adults experiencing homelessness and their knowledge and/or experiences of long-term care. This research project offers insight into the knowledge of older adults residing in emergency shelter and their knowledge of long-term care in London, ON. Semi-structured qualitative interviews were conducted with three participants over the age of fifty. While research was conducted on a small scale, initial findings offer insight into where there are gaps in knowledge about long-term care in homeless populations.

Introduction

Canada's population is aging at a rapid pace (Statistics Canada, 2018). This demographic trend has highlighted gaps in service provision, particularly to those experiencing homelessness. There is little to no documentation or research that has been conducted on older adults experiencing homelessness and their knowledge and/or experiences of long-term care. This research project offers insight into the knowledge of older adults residing in emergency shelter and their knowledge of long-term care in London, ON. While research was conducted on a small scale (n=3), initial findings offer insight into where there are knowledge gaps about long-term care that need to be filled in the resident population of homeless shelters.

Literature Review

Statistics Canada defines an 'older adult' as someone aged 65 or older (2018), however chronic homelessness can cause drastic impacts on a person's health and functional abilities,

often causing them to have these ability impairments at a much younger age. One study found that both chronic (homeless more than 365 days in a lifetime) and new homeless (homeless less than 365 days) older adults identified 'old age' as beginning around 50 (McDonald, Dergal, & Cleghorn, 2004). According to a standard health status measurement tool used in the study, "both groups of chronic and new homeless older adults are physically older than their chronological age and are in worse physical health than the general older population" (McDonald, Dergal, & Cleghorn, 2004, p. 5). Gaetz et al. define homelessness as "the situation of an individual, family or community without stable, permanent, appropriate housing, or the immediate prospect, means and ability of acquiring it" (2017, p. 2). In a physical sense, homelessness can be perceived as a spectrum, ranging from being "unsheltered… emergency sheltered… provisionally accommodated… [and/or] at risk of homelessness" (Gaetz et al., 2017, p. 2). Expanding on this concept, 'homelessness' can also be widened to include the experiences of specific sub-sets of populations. For example, the Indigenous concept of 'homelessness' expands upon the colonialist description of homelessness and includes the sense of isolation people experience in their relationships to "land, water, place, family, kin, each other, animals, cultures, languages and identities" (Thistle, 2017, p. 6). This is predominantly the outcome of the historical displacement and racism that First Nations, Métis and Inuit Peoples have experienced (Thistle, 2017). Settler and Indigenous homelessness are rooted in different experiences (Thistle, 2017). The Western usage and concept of 'homelessness' as a social problem referring to housing has only existed since the 1980's due to the shift in conceptualization between being without a house (as in a physical space) versus without a home (without social ties to a family) (Hulchanski, Campsie, Chau, Hwang, & Paradis, 2009). However, the social inequities leading to the vast disparities that Indigenous populations face stem back centuries (Thistle, 2017). Acknowledging these

differences and historical traumas in the definition and solution to homelessness is crucial in helping people regain a sense of 'home'. While the majority of individuals who experience a settler definition of homelessness will be homeless for less than a month (Canadian Observatory on Homelessness, 2013), those who experience chronic (long-term) or episodic (transitioning in and out of) homelessness use over half of the available emergency shelter space available in Canada, and often are the most frequent users of health systems in the public sphere. This has financial, health, and social implications on the general population. This often unnecessary usage of the emergency health care systems in particular increases health costs for Canadians, puts people at a higher risk of spread of infections, and takes up time of both the patient and the health care system that could be used in different ways (Ali, 2018).

For the purposes of research, it is essential to be flexible in conducting research with older adults experiencing homelessness considering that they age at a faster rate (McDonald, Dergal, & Cleghorn, 2004), and have a number of intersecting experiences affecting their time being chronically or episodically homeless. Flexibility in meeting older adults in spaces where they already frequent, being mindful of transportation and accessibility, and offering compensation were all things considered in the undertaking of this project. Researching older adults experiencing chronic and episodic homelessness is pertinent to London at this time considering the aging demographics of Canada, as well as the fact that as age increases, so does length of stay in emergency shelters (Homeless Prevention, Neighbourhood, Children, and Fire Services, City of London, 2017). In order to reduce costs and increase the ability of shelters to meet the needs of homeless older adults, it is crucial to understand older adult experiences of homelessness. Additionally, it is important to determine older adults' level of knowledge of housing options in Canada, including long-term care. For the purposes of this project, 'long-term

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care' refers to a facility in which people over the age of eighteen can "live [in] and receive help with most or all daily activities [and] access to 24-hour nursing and personal care" (Government of Ontario, 2018). Determining whether there are older adults in shelter who could benefit from long-term care placement could help reduce the stress on rent geared to income housing in London, as well as reduce the number of older adults living in emergency shelters.

Methodology

Research was conducted at the Salvation Army Centre of Hope (COH) in London, ON. Research methodology and materials were approved by Fanshawe College's Research and Ethics Board. Research was conducted at the end of the month of February, when a higher proportion of individuals tend to stay at the shelter due to lack of monetary funds. Additionally, cold weather tends to see more residents at the shelters due to weather inhospitable for 'sleeping rough' outside. In consultation with Michele Van Beers, Residential Services Manager at COH, it was determined that earlier in the morning would be a better time to conduct research with older adults as it seemed that they were more active in the COH in the mornings versus the afternoons. Two shifts of data collection were conducted on a Monday and Tuesday morning, and one was conducted on a Sunday evening, following one of COH's bi-weekly community meals. During these meals residents in the community are welcome to eat at the COH, so it was estimated there could be a greater interest in the study. Posters were posted in the COH main lobby as well as in the Project Home office on the 6th floor of COH. An announcement about the research was made during the morning of Monday and Tuesday, and a sign was placed in the center of the main lobby on Sunday evening.

Research was qualitative in nature and was conducted via semi-structured interviews. Participants were offered a 10$ Tim Hortons gift card following completion of the interview.

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People who were interested in the study, but unsure if they wanted to participate were given a consent form with project information for them to have time and space to consider their participation. No participants expressing interest who took a form to review outside the interview room returned. For all potential participants, the consent form was read aloud or given to the participant to read if the participant asked to read it solo. Questions were then answered about the project, and the subjects were asked to discuss what they understood about the research and nature of the questions. Following the interview, participants were given a document with mental health and crisis services in London in case of mental duress following the interview session.

Findings Analysis

The goal for this research was to determine what older adults in shelter know about long-term care. Key themes from this research include experiences in shelter, knowledge of long-term care, and independence. While there was not much knowledge about long-term care in the participants interviewed, perhaps the most important take away from the stories offered from participants was the unanimous desire for independence. All three participants were unsure whether they were qualified for long-term care due to being independent in different areas of their life such as cooking and cleaning. The experiences in homeless shelters ranged from positive to negative, from one participant commenting that staff tried to help people who struggled to access meals get their tray, to another commenting that other residents tended to take advantage of older adult residents. One participant highlighted how their "paperwork" (such as IDs) would go missing in the shelter. Residents also highlighted the pros and cons of being around people all the time, from liking being social to expressing the difficulties in having to sleep surrounded by other residents. One participant highlighted that "when people get older the

younger generation have a tendency to frown on them", and that they were concerned that a care facility's staff might limit them from cooking due to worries they would be a "safety hazard". One participant commented that they were aware of long-term care due to familial experiences, and that their loved one "was always well taken care of, always clean. He always looked fresh and… so it was a place where you could be taken care of." The three interviewed participants did not express familiarity with the Local Integrated Health Network (LHIN), particular needs they might have which could qualify them for long-term care, or did not say whether it had been offered to them as an option while discussing housing with shelter staff.

Discussion

This project offered insight into the knowledge of long-term care of older adults residing in emergency shelter. There was an overall lack of awareness of what the qualifications are for needing long-term care, and no residents commented that long-term care had been suggested as an option as housing in discussion with emergency shelter staff. This suggests that education for both emergency shelter staff and residents could be beneficial in increasing knowledge of long-term care. Connecting staff and residents with the area's LHIN in order to create partnerships of collaboration could help build an interprofessional web that can better serve homeless residents. Educational materials and resources that are easy-to-read and accessible both online and offline in order to ensure they can be accessed are another important part of spreading information about the long-term care process.

Residents interviewed offered insights that could be used to draw comparisons to long-term care in order to better understand the process and lifestyle, such as being around other residents, the different levels of support, and how independence could be maintained. A

reframing of 'independence' by shelter staff or LHIN staff could be used in order to help people identify the skills and activities they hope to preserve upon a move to a supportive housing setting. This could help emergency shelter residents to see beyond the activities of daily living (ADL) they are able to complete and determine if there are other ADLs or Instrumental Activities of Daily Living (IADLs) they need help with that could be met in long-term care, or another form of support that could be facilitated by the LHIN. Currently, the predominant structure of housing services in London operate from a 'Housing First' model, in which people are assisted to find and maintain housing from a harm reductionist framework (Hulchanski, Campsie, Chau, Hwang, & Paradis, 2009). Working to improve the knowledge of long-term care and other LHIN supports for both residents and staff may help increase the control that residents have over their own lives.

<u>Limitations</u>

Due to the constraints of this research project, it is impossible to extrapolate data from this study to a wider population of individuals experiencing homelessness. This project came with many limitations, including but not limited to a small sample size based from one geographic area, financial and time constraints, and sub-optimal diversity of participants. However, it does support the hypothesis that there are significant gaps in knowledge about long-term care in the homeless population. This study was a good learning experience in determining what works and what might not in conducting research with older adults at the COH. The day with the best data collection was on Sunday, following the bi-weekly community meal. A sign was placed in the lobby with information regarding the study approximately fifty feet away from the room where research was conducted. In future endeavors, it would be pertinent to have such signage, as well as potentially having the study in an area with heavier traffic, such as the

computer room close to the main lobby elevators where people are always walking. In future studies, a wider range of data should be collected in order to better understand the knowledge and needs of different populations. For example, data about gender and sexual identity, Indigenous or newcomer status, length of time in emergency shelter, experiences with mental health and addiction, and exact age would offer more depth to what is understood about older adults living in emergency shelters. There is still much work to be done in researching further comprehension of long-term care of older adults in emergency shelters, the experiences of those who have gone through this transition, as well as emergency shelter and long-term care staff who have worked with people through this transition.

Conclusion

While this project's findings cannot be assumed to speak for a broader range of experiences across Canada, it does open dialogue based on the needs of older adults in care transitions. Better understanding of the strengths and needs of seniors experiencing homelessness and ensuring simple to understand literature about long-term care is made accessible for employees and residents of emergency shelters are just two ways that older adult care can become more person-centred. Although a small scale project, these findings offer insight into where there are knowledge gaps about long-term care that need to be filled in the resident population of emergency shelters.

Resources

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