Aging and Homelessness in a Canadian Context

Kristin A. Reynolds, Corinne A. Isaak, Tracy DeBoer, and Maria Medved
University of Manitoba

Jino Distasio
University of Winnipeg

Laurence Y. Katz and Jitender Sareen
University of Manitoba

ABSTRACT

There is a growing body of research examining the experiences of homeless older adults in Canada. Fourteen participants (11 males & 3 females) ages 46 to 57, recruited from the At Home / Chez Soi project in Winnipeg, completed individual semistructured interviews exploring their experiences of homelessness. Most participants reported lifelong intermittent homelessness. We identified 5 main themes that captured the experience of homelessness for older adults: pathways to homelessness; controlled lives; centrality of social relationships; shame and desire for self-reliance; and the challenge of disentanglement from the cycle of homelessness. This study provides insight into the experiences of homeless older adults in Canada. Findings suggest a need for policies and programs to meet the unique needs of homeless older adults.

Keywords: older adults, homelessness, Canada, health, At Home / Chez Soi, qualitative

RÉSUMÉ

De plus en plus de chercheurs étudient la situation des itinérants plus âgés au Canada. Nous avons interviewé 14 adultes (11 hommes et 3 femmes) qui participent au projet At Home / Chez Soi à Winnipeg ; il s'agissait d'entrevues semi-dirigées portant sur leur vie dans la rue. La plupart ont rapporté avoir vécu des

Kristin A. Reynolds, Department of Psychology, University of Manitoba; Corinne A. Isaak, Department of Psychiatry, University of Manitoba; Tracy DeBoer, Department of Psychology, University of Manitoba; Maria Medved, Assistant Professor, Department of Psychology, University of Manitoba; Jino Distasio, Director, Institute of Urban Studies, University of Winnipeg; Laurence Y. Katz, Associate Professor, Department of Psychiatry, University of Manitoba; Jitender Sareen, Professor, Department of Psychiatry, University of Manitoba.

Ms. Reynolds is supported by a Canadian Institutes of Health Research Doctoral Research Award and a Manitoba Graduate Scholarship. Ms. DeBoer is supported by a Canadian Institutes of Health Research Doctoral Research Award and a Manitoba Health Research Council fellowship. Dr. Sareen is supported by a Manitoba Health Research Council Chair Award. The At Home / Chez Soi project was funded by Health Canada and the Mental Health Commission of Canada. In addition to our sources of funding, we would like to thank the At Home / Chez Soi research participants for sharing their stories with our research team.

Correspondence concerning this article should be addressed to Kristin Reynolds, Department of Psychology, University of Manitoba, P404 Duff Roblin Building, 190 Dysart Rd., Winnipeg, MB R3T 2N2. Email: reynoldk@cc.umanitoba.ca

doi:10.7870/cjcmh-2015-016
Published by Canadian Periodical for Community Studies Inc.

épisodes intermittents d'itinérance au cours de leur vie. Nous avons défini cinq thèmes principaux afin de rendre compte de l'itinérance chez les adultes dans la quarantaine et la cinquantaine : les parcours qui mènent à l'itinérance, la réglementation du quotidien, le rôle central des relations sociales, le désir d'autonomie et la honte de ne pas être autonomes, et les défis à relever pour se sortir du cycle de l'itinérance. Cette étude donne un aperçu de la vie des adultes itinérants au Canada, et nos conclusions suggèrent qu'il est nécessaire de mettre en place des politiques appropriées aux besoins particuliers de ces personnes.

Mots clés : adultes dans la quarantaine et la cinquantaine, itinérance, Canada, santé, projet At Home / Chez Soi, étude qualitative

The number of older adults in Canada is increasing dramatically. As of July 2014, approximately 16% of Canada's population (nearly one in six Canadians) were 65 years and older. The proportion of older adults in Canada has grown steadily since 1984, when only 10% of the population were 65 years and older; and the rate of growth has accelerated since 2011, with the first of the Baby Boom cohort turning 65 (Statistics Canada, 2014). Unfortunately, as a result of factors such as the poor economic climate, decreased availability of subsidized housing, decline in the amount of social assistance benefits, decrease in the number of social programs, weakened social supports, and rising rates of mental health problems and substance use, the proportion of homeless older adults in Canada and other parts of North America is increasing. These issues contribute to what has been called the changing face of homelessness (Flowers, Gaucher, & Bourque, 2014; Gaetz, 2010; Gonyea, Mills-Dick, & Bachman, 2010; McDonald, Dergal, & Cleghorn, 2007; Ploeg, Hayward, Woodward, & Johnston, 2008; Stergiopoulos & Herrmann, 2003). 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. The current study seeks to contribute to this gap in the literature by highlighting the experiences of homeless older adults in central Canada, including their demographic characteristics and description of their pathways into homelessness.

A limited but growing body of research has examined the prevalence rates, characteristics, and unique needs of homeless older adults. According to a review study that examined older adults and homelessness, between 14% and 28% of the homeless population using shelters in major cities in the United States are 50 years of age and older (Stergiopoulos & Herrmann, 2003). Research has noted a sharp increase in the proportion of homeless older adults in the United States in the past decade, from approximately 11% to 30% (Kushel, 2012). These prevalence rates are likely to be underestimates of the true proportion of older adults who are homeless, due to the vacillation of individuals from homeless to housed states; difficulty recruiting homeless older adults to participate in research studies; differing research definitions of homeless older adults (range from 40 to 65 years of age); and older adults' lack of attendance at public shelters and organizations (McDonald et al., 2007; Stergiopoulos & Herrmann, 2003).

Older adults who are homeless are a diverse group, with a wide range of characteristics, experiences, and pathways to homeless states. The literature indicates that some older adults become homeless in their teenage years/early adulthood, some become homeless when they are middle-aged, and others become homeless for the first time in later life (Crane & Warnes, 2010). A variety of possible causes of homelessness have been outlined in the literature, including structural issues, personal vulnerabilities, and the interaction of structural

issues and personal vulnerabilities (Crane et al., 2005; Kisor & Kendal-Wilson, 2002; McDonald et al., 2007; Rosenheck, Bassuk, & Salomon, 1999; Tully & Jacobson, 1995; Wright, Rubin, & Devine, 1998). For older adults who have become homeless for the first time in later life, research highlights eviction, retirement and loss of income, difficulty with reentry into the labour force, and widowhood/widowerhood, as prominent causes (Crane & Warnes, 1998, 2010; Gonyea & Bachman, 2009; Stergiopoulos & Herrmann, 2003).

Compared to younger adults who are homeless, older adults who are homeless are more likely to be White, male, and have a host of physical health problems (Barak & Cohen, 2003; Cohen, 1999; Garibaldi, Conde-Martel, & O'Toole, 2005; Gordon, Rosenheck, Zweig, & Harpaz-Roten 2012). Older homeless adults have also been shown to have smaller social networks as compared to the general older adult population and the younger homeless population (Gelberg, Linn, & Mayer-Oakes, 1990; McDonald et al., 2007). When compared to the younger homeless population, older adults who are homeless appear to be more isolated and detached from the homeless community, and have less contact with family members (Gelberg et al., 1990). This is especially problematic given more recent qualitative research indicating that older homeless adults report missing a sense of connectedness to others (Holt, Christian, & Larkin, 2012). Research studies estimate that among the aging homeless population, men outnumber women by a ratio of approximately four to one (Barak & Cohen, 2003; Cohen, 1999; Cohen & Crane, 1996; Crane & Warnes, 2010). Older men also report longer periods of homelessness when compared to older women (Cohen & Crane, 1996; Crane & Warnes, 2010). Reasons for homelessness among older women often include familial/relationship difficulties and widowhood, whereas for older men, homelessness in late life is often attributed to work-related difficulties (Cohen, 1999).

Late life homelessness is often associated with a host of physical and mental health problems. The most frequently cited physical health problems of homeless older adults include dental problems, arthritis, hypertension, circulatory problems, respiratory illness, gastrointestinal conditions, glaucoma, asthma, anemia, diabetes, and sensory impairment (Crane & Warnes, 2010; McDonald et al., 2007). In addition to physical health problems, mental health problems, substance abuse, and cognitive impairment are highly prevalent among homeless older adults (Bottomley, Bissonette, & Snekvik, 2001; Crane et al., 2005; Stergiopoulos & Hermann, 2003). According to research by Garibaldi and colleagues (2005), 74% of homeless older adults report experiencing at least one mental health problem, most frequently citing depression, anxiety, and post-traumatic stress disorder. Other research indicates that depression, psychosis, and cognitive impairment are the most frequently cited mental health problems among older homeless adults (Stergiopoulos & Hermann, 2003).

In spite of prevalent physical and mental health problems, older adults who are homeless are less likely to utilize services for the homeless, including intervention and support programs, shelters, and soup kitchens, when compared to younger adults who are homeless (Gonyea & Bachman, 2009; Holt et al., 2012; McDonald et al., 2007). Older adults appear to be stuck between the boundaries of traditional services for older adults and services for homeless adults, resulting in neglected needs (McDonald et al., 2007; Susnick, 1992). Research investigating the perceived needs of homeless older adults in the United States indicates that their top three needs were housing assistance, physical health care, and steady income (Garibaldi et al., 2005). The combination of chronic mental and physical health problems and decreased likelihood of service use make it difficult for homeless older adults to find assistance with housing, employment, and

health—thus prolonging their state of homelessness, and complicating their efforts to disentangle from the cycle of homelessness (Crane et al., 2005).

The prevalence rates, characteristics, and unique needs of homeless older adults in Canada have been less explored, as compared to research from the United States and United Kingdom, increasing the importance of research in this area (Stergiopoulos & Herrmann, 2003). The trend of growing rates of homelessness among older adults in the United States and United Kingdom is also seen in Canada (Stergiopoulos & Herrmann, 2003). One Canadian study found that 6% of emergency shelter users in Calgary, Alberta were adults aged 55 years and older (Tolomiczenko & Goering, 1998). Toronto-based survey research of adult hostel users indicated that 2% of hostel users were over the age of 65 years (450 older adults each year) and 3.5% were over the age of 60 years (Stergiopoulos & Herrmann, 2003). Findings from the Winnipeg Street Health Report conducted in 2011 indicate that 19% of the homeless population were aged 50–59, and approximately 6% were 60 years and older (Gessler & Maes, 2011). One recent qualitative study examining the housing experiences of older adults with HIV/AIDS in Ottawa, Ontario, identified three main themes: homelessness, difficulty accessing subsidized housing, and fears about acceptance into retirement homes and long-term care communities (Furlotte, Schwartz, Koornstra, & Naster, 2012).

Although research has begun to explore the experiences of older adults who are homeless, there is a limited but growing body of research examining this topic within the Canadian context (Stergiopoulos & Herrmann, 2003). The objective of the current study is to explore the experiences of homeless older adults in central Canada.

METHOD

Sampling and Recruitment

Data for this study were collected as part of the Winnipeg At Home / Chez Soi Project, a multisite study of Housing First initiatives implemented in Vancouver, Winnipeg, Toronto, Montreal, and Moncton. This five-year study, developed and funded by the Mental Health Commission of Canada, intended to examine the effectiveness of a Housing First initiative with adults with severe and persistent mental health problems and a history of chronic homelessness (Mental Health Commission of Canada, 2012). Eligibility criteria for the At Home / Chez Soi Project included legal adult age status (18 years of age and older), presence of a current mental health problem, and being absolutely homeless or precariously housed (Goering et al., 2011). Participants were recruited through agencies that serve the homeless in Winnipeg, Manitoba including social service agencies, health clinics, and local hospitals. It is important to note that Winnipeg is situated in central Canada and is an urban community of 633,451 people. Winnipeg is home to Canada's largest urban Aboriginal population (68,385). Regarding housing availability, during the At Home / Chez Soi Project, Winnipeg had a 1% vacancy rate. Winnipeg is subject to extreme weather variation between summer and winter, which increases the difficulty and complexity of life on the streets and in shelters.

In total, 513 participants were recruited and enrolled to participate in the Winnipeg At Home / Chez Soi Project. Recruitment occurred over an 18-month period, from 2009 to 2011. The mean age of participants at the time they were enrolled in the project was 39 years, with an age range of 18 to 71 years (SD = 10.9). Within the entire sample (N = 513), 172 adults were aged 45 years or older (M = 51; SD = 5.0), with

approximately 70% men and 30% women. A subsample of participants, termed the narrative subsample ($n = 45$) was selected from the larger sample ($N = 513$) to complete the semistructured qualitative interview portion of the Winnipeg At Home / Chez Soi Project. The process of the narrative subsample selection included random sampling of participants from each treatment condition of the larger randomized controlled trial (RCT), as well as purposeful sampling, to ensure that the narrative subsample was representative of the larger sample in terms of age and gender. In the larger RCT, participants were placed in high need or moderate need categories based on an entry assessment. Following this, they were randomized into Housing First and Assertive Community Treatment, Housing First and Intensive Case Management, and Treatment as Usual conditions (Goering et al., 2011). Given that the current research is focused on the experiences of homeless older adults, findings are based on an older adult subpopulation of the narrative subsample, participants aged 45 years and older ($n = 14$). We chose 45 years of age as the cutoff point to be qualified as an older homeless adult in consensus with previous literature (e.g., Cohen, 1999; Crane & Warnes, 2010; Stergiopoulos & Herrmann, 2003).

Within our older adult sample, at the time of the interview, participants' ages ranged from 46 to 57 years ($M = 51.1$ years). The sample included 11 males (78.6%) and three females (21.4%). With regard to participants' racial/ethnic background, six participants (42.9%) identified as First Nations, two participants (14.3%) identified as Aboriginal Other (Métis, Inuit, Mixed), two participants identified as White, and two participants (14.3%) did not report their racial/ethnic background. When asked about marital status, most participants reported being separated or divorced (57.1%), 28.6% reported being single, and 14.3% of participants did not report their marital status. With regard to education, 42.9% of participants attended high school and 42.9% completed high school. The majority of participants met criteria for major depressive disorder (71.4%), followed by posttraumatic stress disorder (42.9%), alcohol dependence (42.9%), substance dependence (42.9%), panic disorder (28.6%), alcohol abuse (28.6%), substance abuse (28.6%), and psychotic disorder (28.6%). Half of participants reported being absolutely homeless, while the other half of participants reported being precariously housed.

Analytic Procedure

Qualitative research methods were guided by a thematic analytic approach informed by grounded theory methodology (Charmaz, 2006). The national qualitative research team, consisting of members of the national At Home / Chez Soi research team and paid project staff, met via conference calls on a monthly basis in order to develop and make revisions to the interview protocol and discuss ongoing data collection and analysis. Several members of the research team—including the first, second, and third authors—conducted semistructured interviews, which were approximately 90 minutes in length and took place at various At Home / Chez Soi program sites across Winnipeg. Researchers conducted baseline interviews in 2010–2011, which included questions about participants' experiences living on the streets or in a shelter (typical day, community supports, and housing experiences); health, wellness, and recovery; and important life events. Researchers documented fieldnotes after each individual interview, which helped to contextualize findings. Throughout data collection and analysis, researchers paid particular attention to and documented reflexivity, defined as "a confessional account of methodology or as examining one's own personal, possibly unconscious, reactions" (Finlay, 2002, p. 536).

Individual semistructured interviews were audio-recorded, professionally transcribed, and analyzed according to a thematic analytic approach informed by grounded theory methodology (Charmaz, 2006). Researchers followed two types of coding: initial and focused coding. The initial coding phase consisted of coding each line of written data, focusing on the discovery of preliminary themes. During the focused coding phase, researchers developed codes that were more conceptual and explained larger portions of data (Charmaz, 2006). We used NVivo 10 to help with the organization of data into our established coding model.

We addressed the rigour of this study's findings by employing criteria outlined by Lincoln and Guba (1985), including credibility and dependability. We achieved credibility through clear documentation of fieldnotes, data analytic procedures, and decisions regarding emerging codes. We achieved dependability through independent coding of several transcripts by multiple coders. Two of the researchers independently coded six transcripts, and the research team met regularly to compare coded transcripts, discuss emerging themes, and refine the integrative coding model. When researchers had a unique theme to add to the analysis, or when there was a discrepancy in themes, the research team came to a consensus on the theme (Armstrong, 1997; Lincoln & Guba, 1985).

FINDINGS

Researchers categorized participants' interviews into five main themes: pathways to homelessness (individual, relational, and structural/societal sub-themes); controlled lives; centrality of social relationships; shame and desire for self-reliance; and the challenge of disentanglement from the cycle of homelessness. Please note that throughout the findings section we have used pseudonyms and changed participants' identifying information including age as a way to protect participants' privacy.

Pathways to Homelessness

Participants' pathways to homelessness varied greatly from one another. Most participants reported lifelong intermittent homelessness, beginning in their teenage years or young adulthood, while several participants described patterns of homelessness that began in middle to older age. Participants' constructions of meaning regarding their pathways to homelessness focused on central individual, relational, and structural/societal factors, or a combination of these factors, including alcohol and substance use, mental and physical health problems, the loss of important relationships, the experience of difficult relationships, involvement in foster care, economic instability, employment challenges, and housing inequality.

Individual factors. Several participants outlined the influence of alcohol and substance use on their pathways to homelessness. For example, Val, a 45-year-old single woman who became homeless for the first time in her young adulthood, noted,

> I got into crack cocaine, I got into hooking, I got into anything you could think of I guess . . . So it was my addictions that brought me down, and unhealthy relationships.

Sharing this construction of meaning of a pathway to homelessness focused on alcohol and substance use, Nancy, a 51-year-old separated woman who became homeless for the first time in her young adulthood, voiced:

> It was an easy, you know, easy way to get a high and forget about my stress. And forget about my, you know, my hurt and my loneliness and everything else. But then I'd sober up or I'd straighten out after and I'd feel ten times worse. And I'd wonder what I'm doing with my life.

Several participants illustrated the ways in which mental health problems interfered with finding and maintaining housing. For example, Ken, a 54-year-old single man who became homeless for the first time in his young adulthood, noted,

> When I was housed I was living with my parents and I was paying rent in my parents' place. But that, that was 35 years ago. I've been living in ghetto scenes ever since . . . I've been suffering with schizophrenia now for 35 years. My parents were getting old and they couldn't handle me anymore. I'm a grown adult and they couldn't look after me anymore. It was too hard you know. I didn't want to put the burden on them. But I find it hard looking after myself now.

When describing the physical health problems that led to his job loss and pathway to homelessness, Jack, a 57-year-old man who became homeless for the first time in later life, reported,

> I'm a useless plumber now, because I'm not employable. I have diabetes and I've lost one limb already. I hurt myself on the job—I fell three stories and messed up my back. My career kind of ended then.

Relational factors. Jane, a 48-year-old divorced woman who became homeless in later life, highlighted the interaction of several factors—relationship difficulties, physical health problems, and difficulty maintaining employment—that led to her experience of homelessness:

> [Before homelessness] I paid my own rent; I had a nice little one-bedroom apartment. What happened there is, I got into a relationship that was unhealthy and it led me to losing that job, which led me to not being able to pay the rent or bills, so I'm homeless and on welfare for a bit. Then after that I got into a rooming house and got into another relationship that went wrong and I ended up homeless again. Then this last time I got a job working out of [company]. I hurt my back there and I found out that I had the beginnings of scoliosis so I wasn't able to do that kind of work anymore. And then I ended up at [shelter] because I didn't have anywhere else to go.

Structural/societal factors. David, a 45-year-old single man, first became homeless in his teenage years. He voiced structural and societal factors as driving his pathway to homelessness:

> It [housing] was OK when I was in foster homes, but after I was 18, they kicked me out [of foster homes] and I was on my own. Nobody showed me nothing, like how to get a job, where to go and everything.

Bill, a 50-year-old single man, shared this pattern of housing instability beginning in his teenage years, resulting from structural and societal factors:

> I lived out on my reserve off and on . . . I had an old house. It was given to me by my grandparents, but it's all dilapidated. I would go back and forth and then stay with my friends in the city, couch surfing basically.

Highlighting a pattern of homelessness that began in older age, Hank, a 50-year-old separated man, voiced mental health problems, relational difficulties, and structural and societal factors as driving forces of his housing instability:

> My wife left a few years ago because I had gotten ill again. So it's a recurring illness for me. After that, I really had nowhere to go and I had no idea that the market was so bad. People on welfare don't have a lot of choices.

Controlled Lives

Participants spoke about the worsening of their physical health and mobility, which made life on the streets or in shelters increasingly difficult. Participants described their lives as being controlled, having to arrive at shelters and community organizations for meals and shelter from the streets at scheduled times. Age and disability appeared to complicate participants' abilities to lead such controlled lives. For example, Andy, a 56-year-old separated man, voiced:

> They have certain times for supper . . . You don't starve too, too badly, but there are certain times where there are portions of meals allotted in any one of these places. You don't really starve, but right now in my case I can't even walk one mile an hour, much less three. This arthritis is constricting really good. It might be cruel, but that's just—you follow the rules. There's a certain cutoff time when you—you don't make that meal, that's it. You're shit out of luck.

Jake, a 56-year-old divorced man, described his situation:

> I had heat exposure twice and I had pneumonia once. One time I had to go to the minor injury care centre at the Health Sciences Centre because my feet were just shredded and swollen and I was wearing size 11 shoes on size 9 feet because my feet were so swollen . . . There was some opportunity to use the shelters, although they were extremely full, and there were food kitchens, but you had to get there by certain times and it was very difficult walking to them because I was carrying this huge bag that weighed between 50 and 70 pounds.

Centrality of Social Relationships

Many participants described social relationships as central to filling their lives with meaning. They reported feeling as though they were missing out on important life events, familial interactions, and positive feelings as a result of being homeless. Nancy illustrated this experience when discussing her life before she became homeless:

> I was happy because, well, I babysat for my sister. I took care of her home, I felt responsible, I felt needed. And to me at my age, I feel like I need that kind of confirmation and that feeling of being needed and wanted around.

Don, a 48-year-old separated man who had recently obtained housing, explained the continued lack of meaning and familial interaction in his life:

> At this point I'm just missing my family because I'm alone. I have everything good, like, you know, nice furniture, you know, TV and everything, but I have nobody to talk to. Sometimes, I'm sitting in my room and watching TV, and I'm just talking to walls and sometimes I just start crying, you know. Like what the hell is going wrong. So if I review my life, what was my problem and what happened, and why that happened, then I just always start crying, and I can't explain.

Several participants described feelings of disconnection from their grandchildren. For example, Val highlighted this feeling:

> I love my grandchildren and I'm missing out on a lot of stuff that I want to be there for. I want to see them smile and I want to see them achieve things. I miss them.

Shame and Desire for Self-Reliance

Many participants spoke about feelings of shame associated with being homeless in old age. Several participants described feeling blamed or judged by family members for not having stable housing, which led to weakened familial ties and feelings of shame. Participants also reported feelings of shame in relation to a loss of skills in several important areas including self-care, cooking, and skills related to employment. They also spoke about the difficulty they experienced asking for help from service providers, acquaintances, friends, and family members; and their desire to solve their problems on their own. Nancy illustrated this theme:

> Like, it's funny because I'm thinking to myself at my age to be homeless, it's really difficult, and it's embarrassing. It's embarrassing to go to my niece's [house] to ask her if I could stay there for a couple of days. I feel totally embarrassed, like she looks at me like she's changed. Her attitude has changed towards me.

Hank described his family's reaction to his being homeless:

> They wouldn't help me at all because everybody blamed me for being homeless.

Gord, a 49-year-old divorced man highlighted his difficulty with self-care, and the corresponding feelings of shame and dejection that he felt:

> I can't even clean after myself, I feel like an invalid.

Challenge of Disentanglement from the Cycle of Homelessness

Participants ubiquitously described the challenges that they faced disentangling themselves from the recurring cycle of homelessness. Factors that impacted this challenge included the chronic nature of homelessness, difficulty obtaining treatment for mental health problems, alcohol and substance abuse, economic instability, housing instability, and problematic relationships. Participants also spoke about their difficulty finding and maintaining employment because of factors related to health and aging as intensifying their challenge of disentanglement from the cycle of homelessness. Jane illustrated the severity of this challenge:

> Usually I do great for 3, 4 months and then chaos happens and I fall back down and it's just a continual cycle. For me, picture yourself in a whirlpool. It's like gradually I just got sucked into it, and I just got sucked down into it, you know. I don't know. It's hard to describe because when I found myself there, I was just like, wow. How did I get here?

Don described the feeling of hopelessness that accompanies the challenge of disentanglement from the cycle of homelessness:

> So, I got like a good place to stay now—I'm happy with that—but I don't know when I will be homeless again. This is a fear in my mind—in my heart.

When describing the difficulty that homeless older adults face in obtaining employment, Bob, a 50-year-old separated man, noted,

> You know being 50 years old, it's going to be really difficult to be able to reintegrate into the workforce.

Dave, a 51-year-old divorced man, described the influence of problematic relationships in promoting the cycle of homelessness and the importance of selecting positive social relationships in order to disentangle oneself from this cycle:

> It's harder to keep a place, especially when you keep falling back in the same circle and you're in the same crowd. That's what I'm finding out today, like you, you keep falling back in the same circle, that same circle is not going to change unless you can make a break and you get away from negative people and get in with more positive people.

DISCUSSION

The current study expands on existing literature by providing insight into the characteristics and experiences of homeless older adults in central Canada. With regard to the characteristics of older adults who are homeless, consistent with previous qualitative and quantitative research, we found that fewer older women than older men were homeless (e.g., Gordon et al., 2012; Nelson et al., in press). In line with previous research in this area, we also found that our sample of older homeless adults had a high proportion of individuals who were separated or divorced and single, and an absence of participants who reported being married (e.g., Gordon et al., 2012; Nelson et al., 2015). The demographic information of our narrative subsample and older adult subpopulation of the narrative sample is similar to that of the larger Winnipeg At Home / Chez Soi project data. Winnipeg is home to Canada's largest urban Aboriginal population, comprising over 10% of the city's inhabitants (Statistics Canada, 2011). In the current study, over 50% of participants identified as First Nations or Aboriginal. Surprisingly absent from participants' stories of homelessness were themes commonly intrinsic to Aboriginal culture: respect for elders, and the inclusion of the elderly in culture-based practices. In contrast, themes of culture were evident in younger homeless adults' stories of homelessness, suggesting a breakdown of cultural connection among older Aboriginal homeless adults. Future research is needed to explore the relationship between age, homelessness, and culture.

In line with previous research in the area of aging and homelessness, older adults have diverse pathways to homelessness (e.g., Crane et al., 2005; Crane & Warnes, 2010; Kisor & Kendal-Wilson, 2000; McDonald et al., 2007). Although the majority of our participants reported that their first experience of homelessness began in their teenage years and young adulthood, several older adults first experienced homelessness in middle and older age. The ways in which participants constructed meaning around their pathways to homelessness centred upon individual, relational, and structural/societal factors—including, alcohol and substance use, mental and physical health problems, the loss of important relationships, the experience of difficult relationships, involvement in foster care, economic instability, employment challenges, and housing inequality. Findings provide support for the theoretical model of homelessness and aging developed by Cohen (1999), whereby individual and structural risk factors accumulate throughout the lifespan, increasing the likelihood of homelessness and corresponding difficulty evading the cycle of homelessness. Similarly, findings also provide support for community psychology models outlining multi-systemic risk and protective factors occurring at the individual, relational, community, and societal levels (e.g., O'Connell, Boat, & Warner, 2009). Our findings highlight the dynamic interplay of the key elements in these models, including multiple individual, relational, and structural factors, which affect pathways to homelessness, experiences of homelessness, and the challenge of disentanglement from the cycle of homelessness.

Within the main themes researchers used to categorize participants' interviews are found possible areas of improvement for existing services and policies:

- The theme of controlled lives illustrates the ways in which mobility issues and physical health problems act as barriers to accessing scheduled support from shelters and related services. Policy improvements could involve the creation of more flexible timelines for older adults to access shelters and services, and increased access to transportation for older adults.
- A significant implication emergent from the theme of centrality of social relationships is the importance of offering holistic services to older homeless adults that incorporate a familial/relationship-building focus, with the hope of enhancing feelings of connection.
- In order to decrease the shame that older homeless adults feel and help them to become self-reliant, services that integrate an empowerment-based model are essential for teaching older adults the skills they need to thrive.
- In cases where they experience difficulty reintegrating into the labour force, targeting employment that would be better suited to older adults might serve as a beneficial strategy to help them disentangle from the recurrent cycle of homelessness.

It is important to note the small sample size as a limitation of the current study. Although generalizability is not a primary aim of qualitative research, nor was it a goal of the current study, the uniqueness of the geographical and cultural composition of our sample might limit findings from being applicable to populations of older adults in other regions of Canada. In spite of this limitation, these findings make a unique and necessary contribution to a growing body of research in the area of aging and homelessness, and suggest a need for policy to focus on age-based care in order to meet the unique needs and challenges of homeless older adults.

REFERENCES

Armstrong, D. (1997). The place of inter-rater reliability in qualitative research: An empirical study. *Sociology, 31*, 597–606. doi:10.1177/0038038597031003015

Barak, Y., & Cohen, A. (2003). Characterizing the elderly homeless: A 10-year study in Israel. *Archives of Gerontology and Geriatrics 37*, 147–155. doi:10.1016/S0167- 4943(03)00043-8

Bottomley, J. M., Bissonette, A., & Snekvik, V. C. (2001). The lives of homeless older adults: Please tell them who I am. *Topics in Geriatric Rehabilitation, 16*(4), 50–64.

Charmaz, K. (2006). *Constructing grounded theory.* Thousand Oaks, CA: Sage.

Cohen, C. I. (1999). Aging and homelessness. *The Gerontologist, 39*(1), 5–14. doi:10.1093/geront/39.1.5

Cohen, C. I., & Crane, M. (1996). Old and homeless in London and New York City: A cross-national comparison. In D. Bhugra (Ed.), *Homelessness and mental health* (pp. 150–169). Cambridge, England: Cambridge University Press.

Crane, M., Byrne, K., Fu, R., Lipmann, B., Mirabelli, F., Rota-Bartelink, A., . . . Warnes, A. M. (2005). The causes of homelessness in later life: Findings from a 3-nation study. *Journal of Gerontology: Social Sciences, 60 B*(3), S152–S159. doi:10.1093/geronb/60.3.S152

Crane, M., & Warnes, A. (1998). *The Lancefield Street Centre: An experimental project for older homeless people in London.* Sheffield, England: University of Sheffield.

Crane, M., & Warnes, A. M. (2010). Homelessness among older people and service responses. *Reviews in Clinical Gerontology, 20*(4), 354–363. doi:10.1017/S0959259810000225

Finlay, L. (2002). Negotiating the swamp: The opportunity and challenge of reflexivity in research practice. *Qualitative Research, 2*(2), 209–230. doi:10.1177/146879410200200205

Flowers, L., Gaucher, C., & Bourque, J. (2014). Evaluating the planning and development phase of a demonstration project: At Home / Chez Soi Moncton. *Canadian Journal of Community Mental Health, 33*(4), 7–22. doi:10.7870/cjcmh-2014-027

Furlotte, C., Schwartz, K., Koornstra, J. J., & Naster, R. (2012). "Got a room for me?": Housing experiences of older adults living with HIV/AIDS in Ottawa. *Canadian Journal on Aging, 31*(1), 37–48. doi:10.1017/S0714980811000584

Gaetz, S. (2010). The struggle to end homelessness in Canada: How we created the crisis, and how we can end it. *Open Health Services and Policy Journal*, *3*, 21–26. Retrieved from http://www.homelesshub.ca/resourcefiles/rjhmnzr4.pdf

Garibaldi, B., Conde-Martel, A., & O'Toole, T. P. (2005). Self-reported comorbidities, perceived needs, and sources for usual care for older and younger homeless adults. *Journal of General Internal Medicine, 20*(8), 726–730. doi:10.1111/j.1525-1497.2005.0142.x

Gelberg, L., Linn, L. S., & Mayer-Oakes, S. A. (1990). Differences in health status between older and younger homeless adults. *Journal of the American Geriatrics Society, 38*(11), 1220–1229. doi:10.1111/j.1532-5415.1990.tb01503.x

Gessler, S., & Maes, C. (2011, March). *The Winnipeg street health report*. Retrieved from http://www.homelesshub.ca/sites/default/files/Wpg.St.Health.Report.2011.pdf

Goering, P. N., Streiner, D., Adair, C., Aubry, T., Barker, J., Distasio, J., . . . Zabkiewicz, D. M. (2011). The At Home / Chez Soi trial protocol: A pragmatic, multi-site, randomised controlled trial of a Housing First intervention for homeless individuals with mental illness in five Canadian cities. *BMJ Open, 1*(2), 1–18.

Gonyea, J. G., & Bachman, S. S. (2009). *Ending elder homelessness: The importance of service enriched housing.* Boston, MA: Hearth.

Gonyea, J. G., Mills-Dick, K., & Bachman, S. S. (2010). The complexities of elder homelessness: A shifting political landscape and emerging community responses. *Journal of Gerontological Social Work, 52*(7), 575–590. doi:10.1080/01634372.2010.510169

Gordon, R. J., Rosenheck, R. A., Zweig, R. A., & Harpaz-Rotem, I. (2012). Health and social adjustment of homeless older adults with a mental illness. *Psychiatric Services, 63*(6), 561–568. doi:10.1176/appi.ps.201100175

Holt, N., Christian, J., & Larkin, M. (2012). Maintaining connectedness: Exploring the experiences of older homeless men living in hostel accommodation. *Journal of Community & Applied Social Psychology, 22,* 485–501. doi:10.1002/casp.1130

Kisor, A. J., & Kendal-Wilson, L. (2002). Older homeless women: Reframing the stereotype of the bag lady. *AFFILIA: Journal of Women and Social Work, 17*(3), 354–370. doi:10.1177/0886109902173006

Kushel, M. (2012). Older homeless adults: Can we do more? *Journal of General Internal Medicine, 27*(1), 5–6. doi:10.1007/s11606-011-1925-0

Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry.* Newbury Park, CA: Sage.

McDonald, L., Dergal, J., & Cleghorn, L. (2007). Living on the margins. *Journal of Gerontological Social Work, 49*(1–2), 19–46. doi:10.1300/J083v49n01_02

Mental Health Commission of Canada. (2012). *Issue: Housing and homelessness*. Retrieved from http://www.mentalhealthcommission.ca/English/issues/housing-and-homelessness

Nelson, G., Patterson, M., Kirst, M., Macnaughton, E., Isaac, C. A., Nolin, D., . . . Goering, P. N. (in press). Life changes among homeless persons with mental illness: A longitudinal study of housing first and usual treatment. *Psychiatric Services.*

O'Connell, M. E., Boat, T., & Warner, K. E. (Eds.). (2009). *Preventing mental, emotional and behavioral disorders among young people: Progress and possibilities*. Washington, DC: National Academies Press.

Ploeg, J., Hayward, L., Woodward, C., & Johnston, R. (2008). A case study of a Canadian homeless intervention programme for elderly people. *Health and Social Care in the Community, 16*(6), 593–605. doi:10.1111/j.1365-2524.2008.00783.x

Rosenheck, R., Bassuk, E., & Salomon, A. (1999). Special populations of homeless Americans. In L. Fosburg & D. Dennis (Eds.), *Practical lessons: The 1998 national symposium on homeless research* (pp. 2-1 – 2-31). Washington, DC: U.S. Department of Housing and Urban Development / U.S. Department of Health and Human Services.

Statistics Canada. (2011). Demographic characteristics of Aboriginal peoples. In *National Household Survey focus on geography series—Winnipeg*. Retrieved from http://www12.statcan.gc.ca/nhs-enm/2011/as-sa/fogs-spg/Pages/Fog.cfm?lang=E&level=4&GeoCode=4611040

Statistics Canada. (2014, September 26). *Canada's population estimates: Age and sex, 2014* [PDF document]. Retrieved from http://www12.statcan.gc.ca/census-recensement/2011/as-sa/98-311-x/98-311-x2011001-eng.cfm

Stergiopoulos, V., & Herrmann, N. (2003). Old and homeless: A review and survey of older adults who use shelters in an urban setting. *Canadian Journal of Psychiatry, 48*(374–380).

Susnick, L. (1992). *Stigma, fear and dreams: An interview-observation study of persons who are homeless and mentally ill and their service providers* (Unpublished doctoral dissertation). Gallaudet University, Washington, DC.

Tolomiczenko, G., & Goering, P. (1998). Pathways into homelessness: Broadening the perspective. *Psychiatry Rounds*, *2*(8). Toronto, ON: Centre for Addiction and Mental Health.

Tully, C., & Jacobson, S. (1995). The homeless elderly: America's forgotten population. *Journal of Gerontological Social Work, 22,* 61–82. doi:10.1300/J083V22N03_05

Wright, J. D., Rubin, B. A., & Devine, J. A. (1998). *Beside the golden door: Policy, politics and the homeless.* New York, NY: Aldine de Gruyter.